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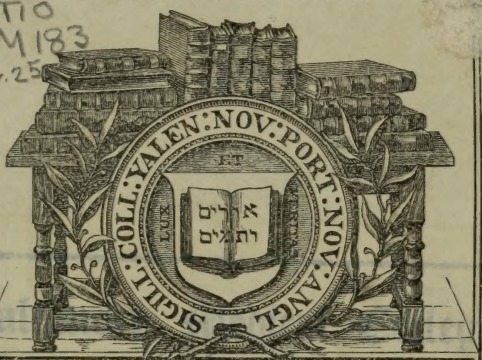

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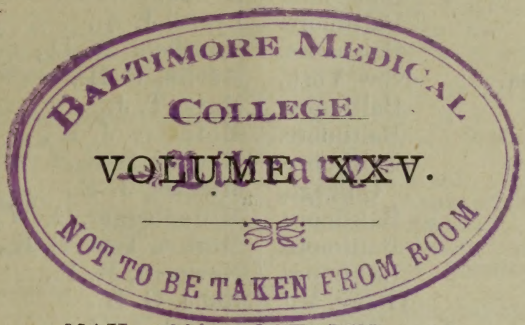

VOLUME XXV.

MAY, 1891.—OCTOBER, 1891.

—EDITED BY—

J. EDWIN MICHAEL, A. M., M. D.

—PROPRIETORS—

JOURNAL PUBLISHING COMPANY.

BALTIMORE:
JOURNAL PUBLISHING CO.,
STEAM BOOK AND JOB PRINTING,
209 PARK AVENUE.
1891.

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THE REMOTE RESULTS OF SHORTENING THE ROUND LIGAMENTS FOR UTERINE DISPLACEMENTS BY THE NEW OR DIRECT METHOD.*

BY HENRY P. NEWMAN, M. D.,

Professor of Gynecology, Chicago Post-Graduate Medical School; Professor of Obstetrics, College Physicians and Surgeons Chicago; Physician St Elizabeth's Hospital; Gynecologist, Charity Hospital, Chicago Public Dispensary, etc.

At the September meeting, 1888, I presented to this Society a new method of shortening the round ligaments for uterine displacements, and reported seven consecutive cases, five of which were operated upon according to this method. In the first two cases I adhered carefully to the original technique of Alexander, in which the primary incision is made directly over the spine of the pubes, an inch and a half or more in length, upward and outward along the course of the inguinal canal. By subsequent dissections through the subcutaneous adipose tissue and fascia, the wound is deepened until the aponeurosis of the external oblique muscle is exposed. As simple as this would seem, Alexander says of this first step: "In its performance many failures have occurred. Half-way through the fatty tissue, especially in stout subjects, a thick aponeurosis is met with which simulates in appearance the aponeurosis of the external oblique. Here many operators stop and search for the ligament in some round aperture that looks like a ring. Some find out their mistake when, in scratching about, the true aponeurosis accidentally comes into view.

*Read before the Gynecological Society of Chicago, November 21st, 1890.

After further admitting that the end of the ligament may be thus teased away unrecognized and the wound unwarrantably deepened, he goes on to give explicit directions for avoiding such unfortunate accidents. That these are inadequate and unsatisfactory may be inferred from the published reports of some prominent operators, who in following his instructions, have at times wholly failed to find the round ligaments.

Granted this initial step to have been successfully performed, the fascia covering the external ring is next cut through, and the round ligament, if seen, seized and raised out of the inguinal canal with a pair of dissecting forceps. Often, however, this portion of the ligament is so lost and obscured in the surrounding fat, muscular, and connective tissue, that the entire contents of the canal must be pulled out *en masse*, spread over the finger, and its isolation accomplished by tedious dissection.

It is at this point, in the old operation, that the greatest disadvantages arise, for it is here that the fibres of the ligament diverge in various directions some to become embedded in the surrounding tissues of the inguinal canal, others to be attached to the pubic spine, and a few to find their way down to the vulva and terminate in the labium majus. Hence the difficulty, in its frayed and attenuated condition, of picking up a satisfactory and strong ligament. Add to this the probability of rupturing the weakened ligament by the undue force necessary to drag it through the ring at an acute angle with its abdominal course (an accident which Mundé confesses to have happened to him three times), and you have in substance the factors which have militated against the general acceptance and usefulness of a valuable operation.

That the fault does not lie in the theory of Alexander, but in the technique of its application, is apparent from the experience of other operators. Dr. J. A Adams, of Glasgow, whose name is associated with that of Alexander in first suggesting the operation, says of the experience of pioneer operators abroad: "The operation is one that all and sundry cannot perform," and adds "It is amusing to hear otherwise well qualified obstetric and general surgeons condemning the operation because they consider the round ligaments to be mythical structures, or because they have pulled out something and passed a few sutures through it."

Among our own surgeons there are those sufficiently candid to acknowledge that their early failures were not due to the absence of round ligaments in their patients. Dr. Mundé, in the November number of the *American Journal of obstetrics*, 1898, says, in referring to previous publications of his: "In these articles I felt justified in commending the principle of the operation, but doubted whether it would always be practicable, owing to the difficulty at times of finding the ligaments. Since then my increased experience with the operation leads me to modify the last part of this statement, for I now believe that my failure to find the ligaments at all in my third, and on one side in my second case, was my fault, and was due to my not recognizing the exact anatomical landmarks indispensable to the easy seizure of the diffuse terminal portion of the ligaments." Other and similar testimony might be quoted to the point, but in this brief paper we will be content with these two eminent authorities.

I wish to call attention again to the method of operating which I brought before the profession in my paper upward of two years ago.

I do this for two reasons: First, I can now speak with the utmost confidence of its practical utility and the permanence of its successful results; and, second, many of its distinguishing features have been appropriated by other operators, notably Dr. G. M. Edebohls, of New York, who presented at the Tenth Internat-

ional Congress at Berlin, a very creditable résumé of the operation. While I congratulate the doctor on the very able manner in which he brought it to the notice of the foreign medical professien, I would remind him that a priority of about a year and a half of practical demonstration belongs to Chicago.

As I stated in my previous paper, the operation was first suggested by Dr. J. Frank, of this city, and, after its utility had been demonstrated on the cadaver, first performed on the living subject in No. 3 of my reported cases.

I propose to call this the direct method from the following distinctive advantages:

1. The single sweep or two with which we cut down upon the inguinal canal or the glistening aponeurosis of the transversalis muscle, directly over the internal ring, or canal of Nuck.

Through a single nick in the course of the separated fibres of this aponeurosis the blunt hook may often be passed into the canal and the round ligament pulled out in less time than it takes to tell it; or, by lengthening the incision, it may be exposed along the canal in its entirety.

3. There can be no doubt here of the identity of the ligament, as a duplication of the peritoneum is seen surrounding it at its abdominal extremity.

4. The force used in pulling out the ligament is both brought to bear upon it at its strongest portion and is in a direct line with its intra-abdominal course. This in strong contrast to the old mode of pulling upon its frayed-out terminal fibres at an acute angle with its inner and stronger portion and over the sharp, resisting surface of the ring.

5. Aided by the sense of the sight, and seizing the ligament above the inguinal canal, we can feel assured that we are drawing upon the abdominal portion of the ligament, and not merely stretching its inguinal section.

6. As there are few or no adhesions at this portion, there should be absolutely no teasing of the tissues. Consequently, where aseptic methods are used, there should always be healing by first intention, and drainage and after-treatment be relatively simplified.

7. Where the ligament is strong and fully developed; as it is in its upper portion, it can be more securely anchored or made fast to the surrounding tissues.

8. Hernia is guarded against by deep sutures constricting the canal about the internal ring, insuring firm union where most needed.

9. The intercolumnar fibres and tissues about the external ring are not interfered with or irritated in any way.

Inasmuch as many of the abdominal muscles have fibres converging about the pilliars of the external inguinal ring, movements of the body often create disagreeable tension and cause pain in a wound situated here, and I have observed these distressing symptoms to continue for weeks afterwards. I attribute their absence in my later cases to the fact of avoiding these sensitive areas and minimizing mutilation by the higher incision.

Since time is an important consideration in judging of the success or failure of this operation, I have purposely reported to-night only those cases in which the round ligaments were shortened upward of two years ago.

Case 1. Mrs. L., age 33, married twelve years, has one child 10 years old; has suffered much pain at the menstrual period for many years, being scarcely ever free from distress in the pelvic organs.

During the last year she has been troubled with menorrhagia and metrorrhagia and upon introduction of the sound, bleeding is invariably excited. Examination showed the uterus large, prolapsed, and retroverted, cervix and perineum

torn. This patient was sent to me by a physician in Central Nebraska in whom I had great confidence, and who had had her under treatment during the greater part of the previous two years.

March 14th, I curetted the uterus for vegetations, removing a large quantity. As the wool vaginal tampon, persistently used since February 26th, had little effect in restoring the prolapsed and retroverted uterus, and as a pessary could not be tolerated, I performed Alexander's operation April 21st, with the assistance of Dr. Henry T. Byford.

The wound did well, and the patient was up and about at the end of the fourth week. In the ninth week, when she returned to her home in Nebraska, the uterus was held well forward and high up in the pelvis. August 1st, of the same year she reported herself by letter in better health than she had been for years, and doing her own housework, which it had long been impossible for her to do. I learn through friends that she subsequently had a severe and exhausting attack of typhoid fever, lying upon her back for five or six weeks.

It would seem reasonable that this should have some deleterious effect upon the uterine supports, but I learn from a letter received last spring that she was still enjoying good health, and had not required the services of any physician since the operation, nor had she been examined. This gave me no definite information as to the position of the uterus or condition of its supports, but from absence of symptoms it may be inferred that there has been no return of her former troubles and that cure has been effected.

Case 2. Mrs. W., 35 years of age, has borne eight children and had two miscarriages; has been under local treatment constantly for two years, and has been more or less of an invalid for ten.

Uterus retroverted and strongly retroflexed, with some adhesions from former pelvic inflammations. Cervix and perineum were lacerated, and considerable pain was caused by attempts to replace the uterus.

February 6th, 1888, the uterus was dilated for the purpose of straightening, and the lacerations of cervix and perineum were repaired by her physician, Dr. R. N. Hall. The flexion returned, her condition was not improved, and I was asked to do Alexander's operation.

May 31st, the round ligaments were shortened about four inches, using the old method of operating. Some difficulty was experienced in picking up the ligaments, necessitating considerable disturbance of the tissues. There was sloughing of the wound in this case, referred partly to the tearing of the tissues, and partly to the patient herself who tore away the dressings and infected the wound with her nails. She was an extremely nervous and unmanageable patient, and on June 19thf left the hospital without the knowledge of her attending physician, who abandoned the case. Under the circumstances convalescence was tedious and protracted, and her former suffering was for a time enhanced. Dr. Saunier, who took charge of the case about a year and a half ago, says that the uterus at that time was held in good position, but considerable pain was experienced from tension upon old adhesions, resulting from pelvic inflammations prior to the operation, pregnancy ensued, with relief from all her former symptoms. No difficulty was experienced at the birth of the child—a fine specimen about five months old—and she herself is strong and hearty, doing her own housework and presenting quite a plump and youthful appearance. Dr. Saunier says that at present the uterus is healthy and in its normal position.

Case 3. Mrs. P., age 36 years, has suffered for eleven years from prolapsus or procidentia of the uterus, ovaries large, tender, and prolapsed, so that a pes-

sary was tolerated with difficulty. Was able to do little or nothing in the way of household duties, though the mother of a large family. Menses were irregular, profuse and painful. When first seen in May, 1888, the uterus was enlarged and heavy, appearing at the vulva, and the effort of straining or bearing down forced it out of the vaginal orifice. Vagina was capacious, and rectal and vesical walls greatly relaxed. She reported having been under local treatment by a prominent physician during the last two years, and that her condition had become worse rather than better. The operations of anterior and posterior colporrhaphy were advised, and a few weeks later performed with only partial relief. August 16th, 1888, the round ligaments were shortened about four inches by the new or direct method. The wound healed promptly by first intention. In the fourth week patient was up and about, and left the hospital at the end of the fifth, feeling quite well, with the uterus in normal position. She was seen, six weeks after the operation, at her home, and expressed herself as still feeling quite well. Had little or no pain at last menstrual period, and was engaged in light household occupations. Examination showed uterus held well up, and scarcely resting upon the Hodge pessary which she had been instructed to wear.

November 12th, 1890, she came to my office at my request, and I made a careful examination. Instead of the former condition of procidentia, engorged, heavy and inflamed uterus, I found the uterus healthy, normal in sixe, measuring two and three-quarter inches in depth, and free from tenderness. The anterior and posterior vaginal walls were in apposition, and the former rectal and vesical symptoms had disappeared. In strong contrast to her former worn and anxious appearance and emaciated physique, she now presents a cheerful countenance, and claims to have gained fully thirty pounds in the past year and a half.

Case 4. Mrs. E., age 23, married four years; one child and two miscarriages. Has suffered three years with prolapsus and subinvolution following the birth of her child. She had also lacerated cervix and perineum, and suffered more or less pain, with constant dragging sensation, at the menses and during the entire month. Flow profuse, irregular, and followed by leucorrhœa; reflex symptoms were of great annoyance and not relieved by the usual remedies.

June 1st, 1888, I operated upon the cervix and perineum, with only slight relief from the reflex symptoms. The previous treatment in this case, covering many months, consisted in the use of the vaginal wool tamponade and postural treatment likewise without benefit.

August 24th, 1888, at St. Elizabeth's Hospital, I shortened the round ligaments by the direct method. The operation was followed by no unpleasant symptoms, and at the end of the third week the patient was allowed to sit up, returning to her home at the end of the fourth. Five weeks after the operation she had none of the former distress in back and sides, dyspeptic symptoms rapidly disappearing. The uterus remained in excellent position and involution was taking place rapidly. This patient has been under observation since the operation, and her condition has been most gratifying, notwithstanding the exacting demands of a life of social and domestic responsibility.

In April, 1889, being in the third month of pregnancy, she overtaxed her strength in fitting up and moving into a new residence, and brought on a miscarriage.

She recovered, however, without any return of her pelvic ailments, and when last at my office, September 28th, 1889, the uterus was normal in size, in excellent position, and the effects of the operation eminently successful.

Case 5. Mrs. N., age 29, married eleven years; three children and two miscarriages. Nine years ago began to have backache and bearing-down pains. From year to year these have become worse, until she has become incapacitated from the performance of household duties.

When first examined, about January 1st, 1888, the uterus was found heavy, prolapsed and retroverted, cervix and perineum badly torn, both ovaries enlarged prolapsed and tender, so that no pessary could be endured.

In June, 1888, the double operation upon cervix and perineum was performed and Alexander's operation on August 25th, at her home. Though lacking convenience and trained attendants, the patients recovery was rapid and satisfactory, requiring but little more care and attention than an ordinary cervix and perineum operation.

In the fifth week after the operation I found the woman about the house and attending to her household duties, but exercising caution, as she had been strictly enjoined. The prolapsed and retroverted uterus, as well as the tender and enlarged ovaries, was now found well drawn up, the latter beyond reach of the finger. No pain was experienced, and patient felt herself recovered, though showing some anæmia and weakness from confinement incident to the two operations and the result of her former condition.

November 20th, 1888, this patient came to my office. The uterus in good posision, but larger and heavier than nornal, with some tenderness at site of the cutaneous incision and along the course of the newly attached ligaments. Close questioning brought yut the fact that she had been exerting herself unduly in her domestic duties. She was instructed to continue the use of the pessary and the abdominal support, and to persist in the postural treatment as long as tenderness continued, and to be more conservative of her newly acquired strength. These symptoms disappeared within the next few weeks; but whenever her ambition got the better of her good sense during the following six or eight months, she suffered a return of some of her minor symptoms.

November 12th, 1890, she reports herself as feeling in the best of health, her general expression and appearance fully confirming her assertions. She is doing her own housework, and has done so since a few months after the operation. The uterus shows the slight increase in volume consequent upon having passed through years of chronic inflammation, but its internal measurements are only two and three-quarter inches; it is in normal position, and there is neither leucorrhœa, menstrual derangement, nor any reflex symptom.

Case VI.—Mrs. G., age 34, married three years, and sterile; former occupation, laundress and seamstress; has suffered retroversion and prolapsus for fifteen years, with distressing pains in back, dysmenorrhœa, and irregular menses followed by leucorrhœa. She was treated for several months at the North Side Free Dispensary, and at her own urgent request Alexander's operation was done at the Polyclinic Hospital, August 27th, 1888. In this case the healing was so prompt that, being obliged to leave the city for a short time, I yielded to the temptation to remove the stitches—in this case silk—on the fifth day. I left the case in the care of Dr. C. W. Leigh, who reported satisfactory progress until subsequent dressing on the seventh day. On this day some sudden movement in bed resulted in a slight gaping of the wound upon the left side. On account of this the patient was kept in bed for the wound to heal by granulation. A slight fistulous opening remained, necessitating a second opening of the wound, when one of the buried sutures—silkworm gut—was removed, and no further trouble was experienced. When discharged from the hospital she was in excellent condition and the uterus was well in place.

September 9th, 1889, the woman expresses herself as feeling as well as she ever did in her life; says she has hardly felt a pain or an ache during the past year; the uterus is still normal in position and size; ovaries cannot be felt by ordinary digital examination.

November 11th, 1890, patient came to my office at my request. She says she was in excellent health throughout the year until the heat of last summer, when her appetite failed; and not menstruating during July, she consulted Dr. Henrotin during my absence from the city, who pronounced the operation perfect, said she had no uterine trouble, and referred the suppression of the menses to anæmia.

Iron was given, and she improved and menstruated the following month, and regarded herself as quite well. On examination, to my surprise, I found a tumor behind the uterus half as large as my fist. With the exception of this the pelvic organs were in healthy condition and in normal position, except that the neck of the uterus was crowded slightly forward by the size of the growth. As the discovery of this tumor was quite accidental and its presence had caused her no inconvenience, and as she had never suffered from ovarian symptoms or disease, I am disposed to regard it as an incipient cyst of the ovary, and certainly in no way connected with the operation.

Case VII.—Mrs. S., age 27, married five years, three children; had retroversion of the uterus and ovarian prolapse; menses always painful and often prolonged eight days; pain in back, uterus subinvoluted, cervix and perineum torn, patient very much reduced and unable to work. Trachelorrhaphy and perineorrhaphy were performed in June, 1888, and a uterine support subsequently used. This, combined with vaginal tamponade, extending over a considerable space of time, failed to relieve her distressing symptoms. September 11th of the same year the round ligaments were shortened about four inches at St. Elizabeth's Hospital. At the end of four weeks she was discharged from the hospital feeling well, with the uterus and ovaries in good position. In the following March she became pregnant, and went to full term without any untoward symptoms. Labor was normal, and her convalescence only interfered with by painful and troublesome nipples. As a consequence of early weaning the child became puny and poorly nourished, and was a source of great anxiety to her through the summer months. The child died in September; and having lost two previous children, its death was a great shock to her, and, being pregnant again, she became a victim of hysterical attacks followed by melancholia. All this occurred during my absence in Europe, and she was taken to St. Elizabeth's Hospital.

Dr. Frank examined her carefully for any uterine or ovarian trouble, and pronounced her entirely free from any pelvic disease, and the uterus in normal position for that period of pregnancy. November 16th I called at the woman's house and found her much improved in her mental condition and assisting in the domestic duties, cheerful and bright, with no indication of her former depressed or irritable moods. The indications are that pregnancy will now advance to a successful termination.

In the above cases it will be seen that the indications for the operation were as follows: retroversion and prolapsus of both uterus and ovaries in cases IV, V, and VII; procidentia with enlarged, tender ovaries in case III; while cases I, III and V. presented the usual menstrual disorders indicative of the severer types of uterine and ovarian displacements, and were upward of ten years' standing.

Cases 4 and 7, were of more recent date, being respectively of three and five years duration; but pain was a prominent symptom in both, and had resisted careful and persistent treatment.

Voit found that if the rapid excretion of urea which he fed to dogs was prevented by the withholding of water, uræmic symptoms followed, yet under the same conditions the feeding of other substances, viz., sodii benzoate, caused the uræmia, and he concluded from his experiments that urea was not the special poison, but that uræmia was caused by various extractives derived from tissue metamorphosis accumulated in the blood and tissues, owing to defective action of the kidneys.

It is a fact that the blood of some uræmic patients contains large amounts of urea, while normal blood only contains from .01 to .08 per cent., Bartels mentions a case in which .8 per cent. of urea was found, and Hoppe Seyder discovered as high as .127 per cent. Still, there are cases of uræmia in which the quantity of urea has been little, if any, increased, and Jacobson relates one case in which the amount was so small as not to admit of quantitative estimation. On the other hand, large amounts of urea have been found in the blood without causing any uræmic symptoms. Reasoning from our present knowledge, I think we are justified in saying that urea, *per se*, is not the poison that produces uræmia.

Frerichs advanced a novel theory which for a considerable period was generally accepted by the profession. He maintains that urea is not only not the poison, but that it is perfectly harmless and innocuous to the system, and that uræmia is caused by the decomposition of urea into ammon. carb., and in support of his theory he claims that it can be detected in the expired air of a patient suffering from uræmia by holding before the mouth a glass rod moistened with HCl, when the white vapor of amm. chloride will appear. He farther states that ammon. carb. exists invariably in the blood of uræmic patients, and that by injection of it into the blood of animals he was able to produce symptoms similar to uræmia. This theory is now generally discredited, for there is no evidence that urea is ever decomposed into ammon. carb. in the blood, although such decomposition may, and does, take place in the stomach and intestines, and ammon. carb. has been detected in the vomit of uræmic patients. This would probalby explain why the ammon. chlride was found as above.

Since the promulgation of Frerich's theory, Richardson and Hammond have demonstrated that ammon carb. exists, normally, in the blood of healthy animals, and nearly all observers have failed to discover any increase of ammon. carb. in the blood of animals rendered uræmic by the removal of their kidneys than normally existed. Thus another clue which was thought would lead to the solution of this intricate problem when weighed in the balance of scientific research and criticism, was found wanting.

Traube and Rosenstein advocated a theory that uræmic phenomena were the result of acute anæmia of the brain, due to cerebral œdema, dependent upon changes in the blood, viz., hydræmia. This condition, is usually associated with high arterial tension and hypertrophy of left heart. He affirms that œdema of the cortex cerebri produces coma and that of the deeper convolutions, convulsions.

There is much in this theory which seems very plausible and which is in accord with the recent views of convulsive diseases. Kussmaul proved by experiments upon animals that anæmia of the brain produced codvulsions, while Brown-Sequard demonstrated that an anæmic condition of the nerve centres preceded an epileptic seizure. There was, however, some objections to this theory, for œdema and anæmia of the brain are found when no uræmic symptoms were manifested during life, and they are by no means constantly present at the autopsy of uræmic patients. I have thus brought together some of the many theories which have been presented to explain the phenomena and pathology of uræmia and yet, unfor-

CASE6. Of fifteen years' standing—had very naturally tired of routine local treatment, and, having personally observed the benefits accruing in other cases, earnestly requested the operation.

CASE2. Was the only one in which adhesions were any material obstacle to the restoration of the uterus to a normal position, though they existed in a minor degree in cases 1, 2, and 3.

As I have before stated, pessaries had been formerly tried in six of the seven cases, but in each of those with ovarian complications they were a source of too great irritation to be tolerated, and in the remaining two had resulted in no appreciable benefit.

URÆMIA.†

BY R. G. DAVIS, M. D., OF BALTIMORE.

Mr. President and Gentlemen:—I bring for your consideration this evening a subject upon which much labor and earnest thought has been bestowed by some of ablest minds in the profession, yet perfectly satisfactory explanation of uræmic phenomena has not been attained, and as regards its true pathology we are still groping in the dark. Much has been written upon it and many theories advanced, some of which I have gathered as a basis for our discussion, hoping that by a free expression of opinion we may be able to throw some light upon this obscure subject.

Flint defines uræmia as the accumulation in the blood of excrementitious substances of the urine and characterized by epileptiform convulsions and coma, frequently preceded by headache, vomiting and diarrhœa.

Cause.—In the majority of cases urœmia is dependent upon some forms of acute or chronic diffuse inflammation of the kidneys, but it may attend any disease in which the excretion of urine is more or less completely suspended.

Pathology.—In considering its pathology we find ourselves entering upon a comparatively unknown realm in which there lie vast tracts still unexplored, and yet we see evidences of man's fruitless endeavor to solve the mystery in the graves of their forsaken theories, but I trust that in the near future some "medical Stanley" may appear who will penetrate this undiscovered domain. The oldest and most prevalent theory is that uræmia is caused by the accumulation of urea in the blood, and among its able supporters may be mentioned Richardson and Hammond, who claim urea as the special poison. The principal facts adduced in support of this view is that the injection of urea in animals causes symptoms identical to those of uræmia in man; and also in cases of uræmic poisoning urea is always found in excess in the blood. The majority of observers, however, agree that the injection of large quantities of urea into the blood of animals is harmless. Fetz and Ritter found that it never produced any convulsions when it was pure, nevertheless this does not prove anything, because urea is quickly eliminated by the healthy kidneys and also seems to act as diuretic. In order to determine what effect the injection of urea would have when it could not be so readily eliminated, the kidneys were removed, and in all of these cases which survived the operation, symptoms of uræmia developed, but the appearance of the symptoms did not seem at all to be hastened by the injection of urea, showing at least that urea alone could not be the special poison.

†Read at the 724th meeting of the Medical and Surgcial Society of Baltimore, April 9th, 1891.

tunately, none of them fully or satisfactorily account for all of the symptoms, nor is *any one factor* so constantly present or operative in all cases to suggest cause and effect.

The most generaliy accepted theory and which accords most with our present clinical and experimental observation is, that uræmia is due to the retention of various extractives (the result of tissue metamorphosis), in the system dependent upon some alteration in the kidneys. The question naturally arises: How do these extractives produce the symptoms of uræmia? This is an important question because the opinion that we hold concerning the pathology of any disease influences largely our treatment of that disease.

The phenomena of uræmia may possibly be explained upon two hypothesies: one, in which the excrementitious matter circulating in the blood acts upon the convulsive centers in the medulla oblongata somewhat similar to CO_2 in asphyxia or upon the motor area, producing convulsions, followed by a period of calm exhaustion or coma, the result of over-stimulation. Or, secondly, by irritation of the vaso-motor center, causing contraction of the arterioles of the brain, and with increased arterial tension, is frequently associated with a watery condition of the blood and hypertrophy of the left ventricle favoring a transudation of the serum into the cerebral tissue and intensifying the anæmia and thus interfering with the nutrition of the brain, and secondarily acting as an irritant to the convulsive center or cortex cerebri and by a continuance of the transudation, producing coma by compression or so greatly impairing the nutrition of the nerve centers that they cannot act at all.

That we have uræmia more frequently in the small granular kidney may be explained by the high arterial tension, hypertrophy of left heart and possibly by greater loss of excreting surface of the kidneys, all tending to modify the nutrition of the brain. Why uræmia should occur in some cases of Bright's disease and not in others may be due to the fact that some individuals have a more stable nervous apparatus than others, or in other words that the equilibrium of their nerve cells or centers is not as easily disturbed, just as we see some children who bear severe irritation of their nervous mechanism, while others are thrown into convulsions by the slightest provocation.

Symptoms.—The first symptoms, or what may be called the warning signs, are usually headache, vomiting, followed by heaviness and somnolence. These may pass off in a few days, or may be quickly followed by convulsions and coma, or the convulsions and coma may appear without any premonitory symptoms; coma may come on without convulsions but usually the convulsions precede the coma. There may be partial or complete blindness, although usually it is only transient. The convulsions are epileptiform in character, and there may be one or many paroxysms.

You may be called upon to differentiate the coma of uræmia from apoplexy. In uræmia there is no paralysis and frequently there is partial recovery of consciousness between the convulsive attacks. From epilepsy it is frequently very difficult to decide without drawing something of the previous history of the case, but usually we do not have the turgid, livid appearance of the face of epilepsy or the difficulty of respiration, for in uræmia the face is usually pale and breathing easy.

From opium poisoning, we have the pupils which are dilated or semi-dilated, yet in all cases of doubt the urine should be examined.

Prognosis.—The prognosis is, of course, gloomy, occurring as it does in chronic Bright's disease.

Treatment.—In general terms the treatment consists in eliminating the poison from the system as soon as possible, and this may be accomplished by increasing the action of the skin and intestinal tract, and then not only getting rid of the poison but at the same time giving rest to an inflamed and damaged organ. Diuretics as a rule are too uncertain to depend upon when uræmic symptoms have become manifest. Active hydragogues and the hot air bath are indicated. Elaterium may be given in doses of 1-16 to ¼ gr. every hour until its cathartic action begins and then must be stopped.

Pulv. jalap comp., ol. tiglii, jaborandi or pilocarpine has been highly recommended as an efficient diaphoretic.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD THURSDAY, MARCH 26, 1891.

The 723d meeting of the Society was called to order by 1st Vice-president Dr. F. C. Bressler.

Dr. Geo. J. Preston was elected to membership.

Dr. Jno. N. Mackenzie made some remarks on

SOME OF THE DANGERS OF NASAL OBSTRUCTION.

He said it is recorded in Genesis that when God made man, "He breathed into his *nostrils* the breath of life." The description given by some, that the nose is the organ of smell, is too terse. Olfaction is but a small part of the functions of the nose. Less than one-third of the area concerned is devoted to olfaction. The nose is not only the organ of smell but is absolutely essential to respiration. Inspired air receives nearly all of its warmth and a still larger proportion of its moisture from the erectile tissue of the nasal passages. The impurities of external air are gotten rid of in inspiration by the nasal chambers and the erectility of the tissues of the nose has a good deal to do with this function. In crowded assemblies or in a dusty atmosphere, the nose is apt to clog up by its erectile tissue acting as a sentinel at the beginning of the respiratory tract. He was thoroughly convinced that this is one of the varied functions of the erectile tissue of the nose. An obstruction in the nose would cause 1st an interference with smell, 2d there would be an impediment to respiration, the individual would breathe more or less through the mouth, the air thus breathed would be cold and filled with impurities, common sense would dictate that that would have a deleterious effect. Now in this climate where great changes of temperature are so sudden, where we lie down in June and get up in January the secret of success in treating nearly all inflammatory diseases of the throat, is to remove the cause in the nose, and the trouble below will then heal more rapidly.

Some years ago Sir Morrel Mackenzie made a tour of this country, and when he went home he wrote an elaborate article on post-nasal or American catarrh. He said that in the most it was due to the dust in the atmosphere, but the speaker was of the opinion it was due more to the sudden changes of temperature than to dust. Not only does the nose play an important part in respiration but it conveys atmospheric air to the middle ear through the eustachian tubes. The middle ear may be considered as an ancessory cavity to the nasal cavity.

Not only during the act of deglutition is the middle ear supplied with air, but also during quiet respiration, this has been proven by experiment. An obstruction in the nasal cavity interfering with the admission of air to the middle ear, will cause an inward collapse of the drum, then follows congestion, then an exudation of serum, then otorrhœa. So frequently is the otorrhœa of young children dependent on nasal-obstruction, that if one was brought to him suffering with an otorrhœa or was a mouth-breather, he would in nearly every case without any preliminary examination, introduce the forceps in the naso-pharynx and bring out a bit of adenoid tissue. Nasal obstruction is often the cause of eye troubles, conjunctivitis both hyperæmic and phlyctenular, and it is also said to be the cause of keratitis. This is said to be due to an extension of the inflamatory process through the nasal duct, but he thought that explanation absurd and was of the opinion that these troubles were due to a reflex nervous influence. In the same way is explained some of the middle ear troubles. Some authorities say that an obstruction in one nostril may cause an asymmetrical development of the cranium by reflex interference with the nutrition of the parts. Nasal obstruction in young children interferes so materially with their development that if not corrected early in life, it may mean an irremediable condition in after life. In fact it may be accepted as axiomatic that free breathing through the nose is absolutely essential to physiological life.

Dr. Herbert Harlan said in reference to ear troubles, caused by adenoid vegetations closing up the eustachian tubes, this is easy of acceptance, because that is a simple physical condition. But he could not see how an obstruction anteriorly would cause an ear trouble if the naso-pharynx is not interfered with. If you inflate the middle ear by the Valsalvian method and then breathe slowly and regularly, the fullness in the ears will not disappear, whereas it will disappear immediately on swallowing. This experiment negatives the admission of air through the eustachian tubes during quiet respiration. As to the eye troubles, he might recognize some connection between a nasal obstruction and an epiphora, a mucocele, or a conjunctivitis or even an ectropion, but he could not see how a keratitis could be caused thereby. A keratitis might be associated with, but hardly caused by, a nasal obstruction. In all the other statements of Dr. Mackenzie, he was in thorough accord. He thought that nose-breathing was of so much importance as to warrant our training the young, if necessary, to breathe through the nose.

Dr. J. F. Martenet said in his experience in the throat clinic of the Woman's College, he had come to appreciate the importance of nose breathing, as laid down by Dr. Mackenzie. In nearly all cases of bronchitis in children, we find nasal obstruction playing an important part in their causation. And at the Hopkins Hospital Dispensary, we refer probably fifty per cent of these cases to Dr. Mackenzie's department for treatment. In one case of a boy eight years old who was a mouth-breather on account of anterior nasal hypertrophies, the boy had pertusis and developed a well-marked case of emphysema, and treatment directed to the nose in this case has had good effect.

Dr. Jno. W. Chambers said the question as to the potency of the eustachian tubes is of interest. If the tubes are open, it would be a physical impossibility for a current of air to pass over the mouth of these tubes without affecting the air *in* the tubes and thus affect the air in the middle ear. If in plugging up the anterior nares, the current of air instead of being through the nose and naso-pharynx would be directed through the mouth, and the naso pharynx would then become cut off, there would then be so little air current through the naso-pharynx

as not to affect the air in the middle ear. He said he had removed the superior maxilla on one side in a woman and as a result she cannot swallow at all, and careful tests of her hearing shows she can hear as well on that side as on the other. Now if good hearing depends on equal air pressure on the two sides of the drum membrane, and if air is admitted to the middle ear through the tubes only during the act of deglutition, how does this woman get air into her ear? In answer to inquiry he said that cicatricial contraction could not have drawn the mouths of the tubes open, as the operation did not involve any parts that would have this effect.

Dr. A. D. Mansfield said facts were of more value than theory. That in valsalvian inflation, the fullness of the ears will not pass off until you swallow, as stated by Dr. Harlan. He had noticed that in ascending in a balloon or attaining to great heights in Switzerland he had experienced pain in the ears from the unequal pressure on the two sides of the drum membrane, which was *not* relieved until he swallowed, and that in inflating the ears of a patient with the Pulitzer air bag, the patient will not hear so well until he is told to swallow. He thought that these facts went very far to prove that the eustachians open only during deglutition.

Dr. D. W. Cathell said he had read that a post-nasal catarrh is usually the cause of congestion of the mucous membrane extending up the eustachian tubes, which makes it difficult for the air to enter the middle ear and thus producing what has been termed pharyngeal deafness. He agreed with Dr. Mackenzie as to the importance of nose-breathing, and did not think he had over-estimated its importance. It is a well-recognized fact that there is an interference with nutrition in the young, who are mouth-breathers. The chest development is not full, there is a poor development of the face and even the arch of the palate will hardly accommodate the sixteen teeth, which are apt to become crowded.

Dr. H. G. Harryman said he saw an interesting case of emphysema in a child eleven years of age, caused by a chronic bronchitis which was set up primarily by a hypertrophic rinitis. The obstruction was on one side only and the emphysema was more marked on that side.

Dr. F. C. Bressler said he thought that many of the evils following nasal obstructions in the young were caused by a too free use of water in the first hour after birth of the infant, he thought that the liberal washing they were treated to caused many of the coryzas that very young children have, that are the starting point of these troubles. He directs the nurse to wash the eyes only and to wrap the baby well and allow it to become acclimated for a while before washing.

Dr. Mackenzie said he wished to emphasize the statement that inflammatory troubles of the middle ear are very frequently dependent on nasal obstruction. The irritation caused by the obstruction induces an inflammatory condition of the naso-pharynx, this continued inflammation will cause a fatty degeneration of the tensor-palati muscle and the eustachians will not be acted upon, thus involving the middle ear. Of course the walls of the eustachians are in contact in a state of rest like the walls of the vagina for instance, but that air is admitted into the middle ear during quiet respiration, has been proven by experiment in Germany, he was sorry he could not recall the names of the authors.

Dr. A. D. Mansfield then read a paper on

THE USE OF HYDROGEN PEROXIDE IN OTORRHŒA.

Dr. Harlan said he began using hydrogen peroxide several years ago, and an objection to its use in otorrhœa is, that it takes so long to clean an ear with it.

Otorrhœa is only a symptom and we must not forget to address our remedies, where other energetic treatment is necessary. If the otorrhœa is caused by a simple hyperæmia, then the hydrogen peroxide will cure it, but many of these cases get well without any special treatment. When hydrogen peroxide is used simply as a cleansing agent, then it is an exceedingly good remedy. The general practitioner can order it, (Marchand's), and let the nurse devote the time necessary to cleaning the ear, and if it is done thoroughly there will be less chronic, granular and polyphoid otorrhœas.

Dr. Wm. H. Morris said he had used the drug in gonorrhœa, and (diluted one in three) in the air passages of children with good results. He had very little experience in otorrhœa. He had tried it in chronic ulcers of the legs, but he prefers pyoktanin for that purpose.

Dr. Mansfield said in conclusion that of course as otorrhœa is only a symptom, the condition causing the otorrhœa must not be lost sight of and the proper remedies addressed to it. The object of his paper was to call the attention to hydrogen peroxide as a cleansing agent in this particular trouble.

Dr. F. C. Bressler then exhibited some

PATHOLOGICAL SPECIMENS

and said, these specimens are from a lady aged 49, single, dressmaker by occupation. Her family history is good. He was asked to see her one year ago, she having slipped and injured her patella. She was nervous, anæmic, spare built, otherwise presented no other evidence of illness. She improved under treatment and he heard no more of her until about six months ago, when he found her covered with purpuric spots, the largest about the size of a fifty-cent piece. She stated that she had been suffering with epistaxis for some time. In addition to her purpura she developed some ascites, also œdema of both ankles. Appetite good, bowels regular, urine not examined and no pain anywhere. After three weeks treatment she improved so that she was able to visit his office. Last November he was again sent for, he found her suffering with considerable pain in the abdomen, some ascites, œdema of the feet, persistent effects of epistaxis, anæmia with a jaundiced hue, and anorexia. Upon examining her abdomen, he discovered an enlarged spleen, liver contracted, abdomen very sensitive, no lung trouble, some systolic hæmic murmurs, likewise cardiac hypertrophy. Urine albuminous, temperature about normal, he diagnosed hepatic sclerosis, splenic enlargement with secondary interstitial changes throughout the system. She was placed upon various lines of treatment, but in spite of everything that was done she finally succumbed, having wasted away to a mere shadow, while her ascites became excessively marked, towards the later part of her disease; careful inquiry failed to elicit any history of syphilis or alcoholism. She gave a history of malaria during her younger years. She stated that she had taken morphine for years, as she claimed it was the only thing that relieved her neuralgia. A post-mortem was allowed to be made of her abdomen. The spleen, three times its original size, contracted irregularly, upon section felt hard and gristly.

Kidneys contracted, capsule adherent, stomach dilated and pyloric end bound by adhesions to the under surface of liver; pancreas small hard and gristly on section; liver, left lobe entirely contracted to a fibrous membrane, right lobe contracted to one-fourth its original size, contraction consists of nodular masses varying in size from a pea to a hen's egg, each nodule is hard, fibrous and separated from the other by plainly marked bands of interstitial tissues. The diaphragm is so bound to the upper surface of liver as to make it impossible to separate them. Gall bladder has almost disappeared and only a small fibrous cord,

like an artery, is left to indicate its former place. Duodenum and pyloric end of stomach united to under surface of right lobe of liver. Bowels matted together to a moderate degree, vermiform appendix enlarged, and distended with foreign matter, veins varicose. Uterus normal, of virgin size and appearance, ovaries cystic and some ovarian tissue still present, but upon those surfaces is found a papilliary growth about the size of a dime, and about one-third of an inch in depth, these have undergone fibroid changes.

This case presents several interesting phrases, namely in the absence of a specific history, alcoholic, etc. What produced this sclerotic trouble? It is known that morphia can induce granular kidney. If it can induce such a condition, it is equally probably that such changes can take place in the liver, he therefore believed that in this patient, sclerotic changes were induced by long continued morphia abuse. Another point of interest is the paucity of symptoms, had it not been for the persistent epistaxis and ascitis, Bright's disease, would have answered in order to account for the few symptoms present. The superficial papillomatous growth upon both ovaries are interesting owing to their rarity.

1710 W. Fayette Street. J. Wm. Funck, M. D., Rec. and Rep't Sect'y.

THE TREATMENT OF INFANTILE PARALYSIS.

The following is an outline of the treatment of infantile paralysis recommended by Simon (*La France Medicale*, February 13, 1891.) At first, counter irritation over the spinal column at a point corresponding to the origin of the roots of the nerves affected. For this purpose the least painful agents should be chosen. The functions of the skin should be stimulated at the same time by the means of baths of hot water or vapor given in the bed. Chloral, aconite, and conium may be employed to calm nervous excitement. After the first eight days electricity should form the basis of the treatment. Simon uses a weak galvanic current, applying the positive pole to the shoulder and arm, the negative pole being placed in a basin of water in which the child's hand rests. The sitting should never last more than eight or ten minutes. At a later stage faradism may be used, always with the greatest caution. Among drugs, nux vomica is of the greatest service. A drop of the tincture is given twice daily, at the two principal meals. At the end of ten days, or earlier if indicated, the nux vomica should be replaced by arseniate of sodium, a sixty fifth of a grain at a dose. The use of these two remedies alternately is to be continued throughout the case. Salt and sulphur baths are recommended, but only in the late stages of the disease. Above all, Simon enjoins us never to be discouraged, as the treatment must necessarily be very long.—*N. Y. Med. Jour.*

OLD AGE AS A FACTOR IN SURGERY.

Dr. N. E. Graham, of Washington (*Medical News*), February 7th, 1891), reports eights cases observed by himself, and refers to other published in this country, which show wonderful recuperative powers in very old men and woman. With regard to advance age being a contra indication to surgical operatien, it is held that if the patient be in fair general health, with an hereditary tendency to long life, mere old age is not a good reason for withholding treatment, either with the view of prolonging life, or for the relief of acute suffering. As a rule, old people, Dr. Graham states, tolerate pain better than the young, but with them shock is more servere and not so quickly rallied from. In shock lies the greatest danger to the aged, and if the patient rallies, the prognosis, so far as repair is concerned, may be considered good. They indure operations for pathological conditions, such as new growths, remarkable well, Their recovery from accidental wounds is not so rapid.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor. JOSEPH E. GICHNER, M. D., Associate Editor.

Subscription $3.00 per annum, payable in advance.

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JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.

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BALTIMORE, MAY 2, 1891.

Editorial.

TWO CASES OF CONGENITAL ICHTHYOSIS, FULLY DEVELOPED DURING FŒTAL LIFE.

The common form of ichthyosis, I. Simplex, consisting in a more or less pronounced harshness or scaliness of the skin, is well known to the profession. There are, however, certain rare varieties of disorder of the skin which present very marked differences from common ichthyosis, yet which, for want of a better classification, must be grouped under this head. They differ from simple ichthyosis in their definite limitation to certain symmetrical portions of the body, and from the severer forms of ichthyosis in the absence of warty and horny prominences. From the whole class of ichthyoses usually met with, they are distinguished by a tendency to spontaneous disappearance, by their development during fœtal life, and by the absence of interference with the hair-growth when they cover hairy parts of the skin. Two such rare cases are described by Dr. Elliot in the *Journal of Cutaneous and Genito-Urinary Diseases*, January, 1891.

The patients were sisters, aged respectively eight and seven years. The father's and mother's family history was free from skin troubles, save that a child of the father by a former wife had a congenital horny development of the skin of the palmar surface of the fingers. The early history of the two children was very much the same. They were born at full term and were found to be perfectly formed. (In several cases previously reported the patients were born prematurely and presented signs of imperfect development, such as ectropium, eclabium, contractions of limbs, and retraction of ears, and early death.) During the pregnancies there had been no noteworthy disturbances of the mother's health. The infants at birth were covered with an excessive quantity of vernix caseosa, and upon removal of this the whole surface of the skin appeared glazed, as though painted with brownish varnish, presenting superficial fissures not deeper than the epider-

mis, running in every direction, and dividing it into areas of different sizes. There was no desquamation and no flexion of the joints, and the children nursed naturally. They seemed healthy, save that they were very sensitive to cold and had frequent slight disturbances of the digestive functions. At the end of three years it was noticed that the disorder of the skin became, in both children, less marked on the face and upper and lower limbs. The lamellæ were still formed, but the new ones were thinner in these regions, and after 18 months the skin here became smooth, soft and perfectly natural in appearance.

When seen by Dr. Eiliot, the regions affected in the two sisters were very nearly the same, namely, the scalp; and the trunk in front, from the clavicles above to the iliac crests and os pubes below; and behind, from the third dorsal vertebra and the lower edge of the scapula above to the first sacral vertebra and the iliac crest below. The scalp was covered, as with a cap, by a thick, uniform, adherent mass of horny epidermis, having a slightly greasy feeling, from admixture of sebum. There was no desquamation, but the coating could be easily stripped off in large pieces, leaving the surface beneath natural in appearance, neither moist nor reddened. The hair was abundant, glossy and healthy, and grew up and penetrated through the epidermic mass. On the trunk the hypertrophied coat varied in thickness from one-twelfth to more than one-third of an inch, being thinnest on the back, more pronounced on the abdomen, and thinnest in the axilla, where it existed in the form of small, hard, horny excrescences and polygonal plates, which could not easily be detached. The color varied between light yellow and brownish black. The surface was everywhere marked by superficial fissures, which divided it into irregular areas. When the thickened coat was stripped off the skin beneath seemed natural. Sections of bits of the coat showed under the microscope only horny epidermis cells, and on the scalp a little sebaceous matter.

Both of the sisters passed, subsequently to their first visit to Dr. Elliot, through attacks of measles. In the younger sister no change was noted during this illness, except slight desquamation on the healthy portions of the surface. The elder sister, during her illness with the measles, exhibited a wrinkled and fissured condition of the epidermis, exactly like ordinary ichthyosis, upon the portions of the surface previously healthy. This disappeared in a week under salicylic acid ointment. About six months later, during an attack of sore throat, typical ichthyosis appeared for a few days on the healthy skin of the neck. When last seen, the condition of the surface was the same as at the first visit, the trunk and scalp being still affected by the epidermic hypertrophy, while the rest of the body was, in each of the two patients, covered by perfectly healthy skin. No fair chance was offered for the application of local remedies.

Two Chinese physicians, Drs. Chon-yuan-yeh and Cheng-bhi-piao, have been sent by their Government to Berlin, for the purpose of studying the results obtained in the use of Koch's lymph.

LEGISLATION IN NEW YORK.

Governor Hill, of New York, has just signed two bills of general interest, one being the bill appropriating $454,000 for the erection of new buildings at the asylums in Utica, Hudson, Middletown, Buffalo and Binghampton, to accommodate the insane poor who are to be transferred from the county poor-houses throughout the State, and the other bill is one making the appointment of matrons at police stations compulsory in the case of all cities of 25,000 population and upwards. Both of these measures have been strongly supported by the profession generally.

THE FAYERWEATHER WILL.

The Fayerweather will which has attracted so much attention throughout the country on account of the millions which the testator wished to leave to colleges and hospitals has finally been admitted to probate and all contest has been abandoned. The will and codicils bequethed over two millions to public institutions, and the deed of gift executed by the executors disposes of as much more, so that the total amount given in this way will be about $4,500,000. The colleges fared better than the hospitals, but the latter will receive not much less than a million, divided up mainly among New York institutions. It is very fortunate that the contest has been abandoned as the beneficiaries will no doubt receive their portions without unnecessary delay.

AMMONIA NOT GOOD FOR ACTRESSES.

The papers report an action brought by a London actress against a chemist who gave her ammonia when sal volatile was called for.

The plaintiff claimed that she was prevented from fulfilling her engagement for nine days on account of the mistake and suffered considerable pecuniary loss. The jury gave her a verdict of $100 damages.

THE LEGAL RIGHT OF THE UNBORN.

A curious Irish case was recently commented on, where the question was concerning the right of an unborn infant to sue after birth for injuries suffered in a railway accident. The court held that whatever legal rights there were, were enjoyed by the mother who could recover for herself and the unborn child.

A case remotely allied to this one, is reported in a Michigan Court where the ownership of a colt was to be decided. The mare was sold in foal and no mention was made of an agreement with the owner of the stallion, by which the latter was to have a half interest in the colt. The court held that the buyer not having any notice of the claim and buying in good faith was entitled to the possession both of the mare and colt.

A CHANGE IN THE JOURNAL.

In a few month we hope to enlarge the JOURNAL considerably and have begun by making this slight change in its appearance, which we hope will also be an

improvement. The single column, in which it will hereafter be published, will give the reader an easier oversight of the contents. It does not necessitate the breaking up of words as much as formerly, and will present a decidedly neater and better appearance.

Reviews, Books and Pamphlets.

The Modern Antipyretics; their Action in Health and Disease. By Isaac Ott, M. D. Published by E. D. Vogel, Easton, Pa., 1891.

The addition of the coal-tar derivatives to our materia medica has within the last few years been constant, and some of the better known ones have, within a short space of time deservedly gained popular notice and favor. Dr. Ott, in his scientific researches, has found new, interesting and valuable facts concerning the action of these drugs, some of which we now constantly employ.

Taking Cold. By F. H. Bosworth, M. D. Published by Geo. S. Davis, Detroit, Mich., 1891. Price 25 cts.

The author of this neat little volume appearing in the *Physician's Leisure Hour Library*, considers the important subject of taking cold in a clear and comprehensive manner, and while he adds nothing new to our previous knowledge of the subject, his advice as to prophylaxis, especiall in the way of clothing, is very good, also as to bathing. The treatment given is quite rational.

Cosmetics; a Treatise for Physicians and Pharmacists by Dr. Heinrich Paschkis. Wm. Wood & Co., New York, 1891. Price $1.50.

Although at first glance this book may on account of its title not be looked upon as valuable to the physician, yet a perusal of it has given us many points of value. It is true, a large part of its contents do not belong to the knowledge of the physician. Still many valuable suggestions are given which the physician can use, especially those relating to various diseased conditions of the skin, hair and nails. Soaps are treated with especial reference as to their influence on different conditions of the skin. The author quotes the best known authorities such as Hebra, Auspitz, Kaposi, Atkinson and others.

The Shurly-Gibbes Treatment of Tuberculosis. By E. Fletcher Ingals, A. M., M. D., and J. E. Rhodes, A. M., M. D., Chicago. Reprint.

Intra-Peritoneal Myo-Fibroma of the Rectum. Weighing Twelve Pounds, successfully removed by Laparotomy. By N. Senn, M. D., Ph. D., Milwaukee, Wis. Reprint.

Hypertrophy of the Pharyngeal Tonsil. By E. F. Ingals, A. M., M. D. Reprint.

Pyoktanin in Diseases of the Eye, Ear and Throat. By W. Cheatham, M. D. Louisville, Ky. Reprint.

How Should Girls be Educated? By W. W. Potter, M. D., Buffalo. Reprint.

Boroglyceride in the Treatment of Diseases of Women. By W. T. Parker, M. D. Reprint.

The Journal of Gynecology. A monthly journal of gynecology, obstetrics and abdominal surgery. Edited by CHARLES N. SMITH, M. D., Toledo, Ohio. $1.50 per year.

Post-Graduate Clinical Charts. Designed for use in hospitals and private practice. Arranged and published by WM. C. BAILY, M. D., and J. H. LINSLEY, M. D., New York. Price 20 cts., or $2.00 per dozen.

Medical Progress.

CASE OF CHLORAL POISONING.

John L. Welch, M. A., M. B., C. M. Edin., reports in the *Lancet,* April 4th, the following case which appears interesting on account of the size of the dose administered, the violence of the symptoms, and the presence at the same time of malarial fever.

On March 17th, at 8 A. M., I was called from the pauper hospital to my house, to see the wife of the Chinese cook, who had been taken suddenly ill, and was now "as if dead." During the previous day it appeared the woman had been suffering from an attack of ordinary jungle fever, and had asked my "boy" to get her a dose of salts. Under the impression that it contained salts, he had administered a dose of chloral hydrate from a bottle which he had found in my midwifery bag. As nearly as I could judge, 360 grains had been abstracted from the bottle, which before had been nearly full. A few minutes after the drug had been given the patient complained of giddiness. She wandered a little in talk and then fell down insensible. When I first saw her, about twenty minutes after the administration of the drug, the patient was lying deeply comatose, face flushed, conjunctivæ injected, pupils contracted and insensible; respiration about thirty to the minute, quick and shallow, box of larynx moving with every respiration; pulse 152, and very weak; reflex absent from conjunctiva and patellar tendon. I passed an ordinary syphon stomach tube, and washed the stomach out four times. The fluid at first evacuated was strongly fragrant of the drug. On the fourth washing the odor could not be detected. Before the tube was removed half a glass of pure whiskey was thrown into the stomach as a cardiac stimulant pending the arrival of other means of treatment.—8.25; pulse could hardly be counted. Epiglottis began to fall back on the larynx. This was seized in a pair of forceps and kept forward. A hypodermic injection of five minims of liquor strychniæ was thrown into the biceps, and mustard poultices were applied to the chest and the calves of the legs.—8.45: Pulse could not be counted. Respiration 25, gasping, with occasional pauses. Strong ammonia applied to nostrils without effect—9: Pulse could not be felt at wrist; breathing shallower; cheeks blown out on expiration. A pint of very strong hot coffee with half an ounce of sal volatile were injected into the rectum, and shampooing commenced over arms and legs—9.20: Pulse still imperceptible. Respiration stopped twice, but was restored by the application of hot water to the chest. Injected five minims of liquor strichniæ as before, and continued massage to the arms and

legs.—10.30: Pulse could be detected at wrist. Shampooing continued. Hot and cold water applied alternately to precordial region.—11: Pulse counted at heart about 160. Temperature taken for the first time 98.8° F. in axilla—2 P. M.: Pulse 145; much stronger; respiration fairly full, 22 per minute. Face congested; conjunctivæ injected, but sensible to touch; pupils still contracted. Gave a large cupful of strong coffee—6: Temperature in aqilla 100·3°; pulse 98. Patient wandering and delerious—9: Patient still under the effects of the drug. Pupils contracted; temperature 101°. When disturbed she raves slightly. At 6 A. M. on the following morning the patient was very weak and giddy, sweating profusely, slightly wandering at times; pupils normal. I gave her eight grains of sulphate of quinine and half an ounce of sulphate of magnesia. She fell asleep, and woke in about five hours, refreshed and perfectly sensible. Conjunctivæ still injected. Although every other symptom of chloral poisoning was present in a marked degree, there was never any fall of temperature. This seems to have been due to the occurrence of an attack of intermittent fever, which was itself delayed for about two hours.

Medical Items.

Dr. Robert L. Randolph of this city was married April 15th, at Beaufort, S. C.

Dr. Charles W. Dulles, the able editor of the *Med. and Surg. Reporter*, has resigned his position, May 1st.

A very sharp epidemic of influenza has of late prevailed at Hong Kong, taking on all the characteristics of the same affection as observed in this country.

Reports go to prove that diphtheria, which has prevailed quite freely for several months in Iowa, has now greatly declined.

The German Emperor has ordered that the street at the back of the Friedrichshain Hospital in Berlin shall in future bear the name of Professor Virchow, to whose untiring exertions the hospital in large measures owes its existence.

The death of Dr. James Kingsley Thacher, of New Haven, Conn., took place on Monday, the 20th inst. The deceased who was the professor of physiology and clinical medicine in the medical school of Yale University, was fourty-three years old. He was distinguished as an investigator and in literature.

Dr. Da Costa has resigned from the Chair of Practice of Medicine in the Jefferson Medical College. The reason for his resignation, is that Dr. Da Costa desires to withdraw from the cares and burdens of the professional position in order to have more leisure for his practice. Dr William Osler is spoken of as his probable successor.

The *Canada Lancet* thinks that the character of the profession needs to be improved. The immediate cause of this depressive feeling is the startling press notice of a Canadian physician to the effect that "through the personal influence of Lord Stanley, Sir Charles Tupper, Sir John A. Macdonald, The Dominion Gov-

ernment, Lord Salisbury and the Lord High Chancellor of England, he has secured a supply of Koch's lymph for use in his *'own'* private practice."

Randolph Winslow, A. M., M. D., Professor of Surgery in the Womens' College of Baltimore, has been elected Professor of Anatomy and Clinical Surgery in the University of Maryland Faculty of Physic. Professor Winslow takes the place made vacant by the resignation of Professor J. Edwin Michael, who succeeded Professor Miltenberger in the Chair of obstetrics. Professor Winslow graduated at the University of Maryland in the class of 1873, was demonstrator of anatomy in the same institution for several years and has been Professor of Surgery in the Womens' College since its organization.

During the session of the Medical and Chirurgical Faculty of Maryland, the following papers were read and discussed: "Milk fever," by Dr. Willian S. Gardner; "Circumscribed Peritoneal Dropsy Simulating Ovarian Dropsy," by Dr. Robert T. Wilson; "Recent Discoveries in the Physiology of Ganglion Cells," by Dr. H. Newell Martin; "The Influence of Digitalis, Ergot and Alcohol on the Rate of Blood Flow," by Dr. J. C. Hemmeter; "The Vaso Motor Nerves of the Heart," by Dr, H. Newel Martin. At night the annual election of officers was held for the ensuing year: President, Dr. William H. Welch, of the Johns Hopkins Hospital; first vice-president, Dr. J. W. Humerichhouse; second vice-president, Dr. David Streett; recording secretary, Dr. G. Lane Tanneyhill; assistant recording secretary, Dr. Robert T. Willson; corresponding secretary, Dr. Joseph T. Smith; reporting secretary, Dr. William B. Canfield; treasurer, Dr. W. F. A. Kemp; curator, Dr. L. F. Ankrim; executive committee, T. A. Ashby, J. E. Michael, G. H. Rohe, Wilmer Brinton and P. C. Williams. The board of medical examiners elected for the Eastern Shore are B. W. Goldsborough, G. T. Atkinson, A. H. Bayley, W. F. Hines and J. K. H. Jacobs; for the Western Shore, B. B. Brown, W. H. Norris, Hiram Woods, J. W. Chambers, E. F. Cordell, L. McLane Tiffany and D. W. Cathell.

The Baltimore & Ohio Railroad offers the best and most desirable route from the North, East and West for delegates and others who contemplate attending the convention of the American Medical Association, to be held at Washington May 5th to 8th proximo. Solid vestibuled trains, equipped with the finest Pullman sleeping cars, run through without change to Washington from New York, Philadelphia, Pittsburgh, Columbus, Cincinnati, Chicago and St. Louis. Delegates traveling via railroad can obtain reduced rates of transportation by securing from the ticket agent from whom they purchase their tickets to Washington, a certificate certifying to the amount paid and the route traveled. This certificate, when countersigned by the railroad representative, who will be present at the convention in Washington, will enable the holder to procure a ticket for his return journey at one-third the regular first-class limited fare. Delegates who may find it convenient to visit the famous Johns Hopkins Hospital at Baltimore, will find the B. & O. the most convenient line to use. Street cars run direct from the station at Baltimore to the Hospital doors. Detailed information in regard to time of trains, rates of fare, &c., will be cheerfully furnished by any of the following agents of the line, viz: A. J. Simmons, 211 Washington St., Boston, Mass.; C. P. Craig, 415 Broadway, New York; C. R. Mackenzie, 833 Chestnut St., Philadelphia, Pa.; B. F. Bond, Baltimore, Md.; E. D. Smith, Pittsburgh, Pa.; W. E. Reppert, Columbus, O.; L. S. Allen, Chicago, Ill.; O. P. McCarty, Cincinnati, O.; G. M. Taylor, 105 N. Broadway, St. Louis, Mo. Or any Ticket Agent of the Baltimore & Ohio Railroad.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 2. BALTIMORE, MAY 9, 1891. NO. 528

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BLINDNESS IN THE UNITED STATES.*

BY HIRAM WOODS, M. D.,

Assistant Surgeon at the Presbyterian Eye, Ear and Throat Charity Hospital, and Professor of Diseases of the Eye and Ear at the Woman's Medical College, Baltimore.

Mr. President and Gentlemen of the Faculty:—The past year's work in ophthalmology has been, for the most part, along lines which so exclusively concern the specialist, and which touch at so few points the work of the general practitioner, that one finds some difficulty in choosing a subject which will be of both interest and profit to such an assembly as this. Moreover, the parts of this department of medicine which come under the notice of the general practitioner have been written upon so much that repetition is almost unavoidable. Research of late years pursued along one line, however, has revealed a condition of things which concerns not alone the eye specialist and the medical profession, but everyone who considers our national welfare. This is the alarming increase of blindness in the United States—an increase out of all proportion to the simultaneous growth of population. It is to a consideration of the causes of this increase and of the duty of the medical profession in the matter, that your attention is asked.

At the meeting of the American Ophthalmological Society at New London, Conn., in July, 1887, Dr. Lucien Howe,† of Buffalo, N. Y., presented a paper founded upon the following figures, taken from the U. S. Census of 1870-80:

*Read before the Medical and Chirurgical Faculty of Maryland, at its 93rd Annual Meeting, held in Baltimore, April 28, 29, 30, 1891. Report of the Section on Ophthalmology, Otology and Laryngology.

†Transactions of the American Ophthalmological Society, 1887.

Population of the United States in 1870,	38,558,371.
Blind in the United States in 1870,	20,320.
Population in 1880,	50,155,783.
Blind in 1880,	48,919.

These figures show an increase for the decade 1870 to 1880 of 30.09 per cent. in the population, and 140.78 per cent. in the number of the blind. It was shown, also, from the same source, that the rate of blindness increased from North to South and decreased from East to West. Dr. Howe made careful inquiry into the methods of taking the census in 1870 and 1880. He found that substantially the same plan was pursued in both years. He obtained the returns for his own city, Buffalo, and found on investigation, that "that part of the report was quite as reliable as could be expected." He says that "there seems no escape from regarding them (*i. e.*, the census returns), quite up to the average of reliability in showing that the blindness in this country has increased more than four times as rapidly as the population." Among the significant facts brought out by Dr. Howe and by those taking part in the discussion of his paper were the following: blindness is greater, in proportion to the population, in the Eastern States; that it is proportionately greater, in these States, in the thickly populated, than in the rural districts; that the crowding together of children in institutions seems to be a prolific cause; that contagious eye diseases are often brought in by immigrants; that the financial loss to the nation is immense, from the necessity of supporting this great number of blind persons. To demonstrate this financial loss, Dr. Howe took the figures from the report of 1874 of the Perkins Institution and Massachusetts Asylum for the Blind, which give $2 per week, or $104 per year, for support, and $28 per year for clothing, as the minimum amounts required for each blind person. But, since these individuals are non-producers, there must be added to the cost of their maintenance what they would contribute to the national wealth were they able to work. Estimating the wages of the men at $1.20 and of the women at 40 cents for each working day, he finds that there was a loss in 1880 of $16,383,272, and at the same rate of increase from 1880 to 1887, as from 1870 to 1880, a loss of over $25,000,000 in 1887. If one estimates this loss on the basis of those reported in the census of 1880 as "totally blind" (22,717), and omits from this calculation the 26,202 "semi-blinds" and "unknowns," the national loss even then was in 1880 nearly $8,000,000. It would be interesting to pursue the study of the economic side of this question still farther, but the limits of this paper will not permit, and enough has been said to show its great and far-reaching importance. As the result of Dr. Howe's paper, the Ophthalmological Society appointed a committee to enquire into the correctness of these statistics, and to find the causes of this increase in the number of the blind. This committee, consisting of Drs. Howe, of Buffalo, Burnett, of Washington, and Andrews, of New York, reported to the Society at its meeting in July last.

The investigations were made in New York State. The census of 1880 had shown an increase in the blindness in this State, between 1870 and 1880, of 125.7 per cent. with a simultaneous increase of population of 15.9 per cent. In other words, blindness had increased 8.2 times as rapidly as had the population. It will be remembered that in 1887, Dr. Howe expressed the opinion that blindness had increased certainly four times as much as had population from 1870 to 1880. The words of the committee's† report in regard to the census three years later are: "While the increase was decidedly exaggerated, still the proportion of these unfortunates is certainly greater than the increase of popula-

†Transactions of American Ophthalmological Society, 1890.

tion warrants." The report, moreover, states that "a more recent examination of the statistics presented . . . . . three years ago confirms what was stated then;" that is, I take it, that in the committee's opinion, blindness in New York State increased from 70 to 80, about four times as much as population. Before looking into the second part of the committee's report—the causes of blindness—it will be well to glance for a moment at the figures in our own State. The census of 1870 gives the population of Maryland as 780,894, and the number of blind as 427. In 1880 the population was 934,943, number of blind 946; an increase in the population of about 20 per cent., in the number of the blind of 121 per cent. What the figures of the last census will show cannot yet be told. I have, however, through the kindness of Mr. F. D. Morrison, Superintendent of the Maryland School for the Blind, obtained a list of the blind under the age of 21, in this State and the District of Columbia, according to the census of 1890. This list gives 357 blind under 21 in Maryland, 338 of them being in the "School Age," between 6 and 21. The census of 1880 gives 173 blind of the "School Age," in this State; so there is an apparent increase of 95 per cent. in the blind of ages from four to twenty-one for the decade of 1880 and 1890. A similar comparison of "School Age" blindness for the District of Columbia for 1880 and 1890, shows an increase from 13 to 75—477 per cent. The simultaneous increase in population has been in Maryland about 14 per cent., in the District of Columbia about 30 per cent. Mr. Morrison is not inclined to place a great deal of reliance upon these statistics. He says there are counted as blind, some who have one good eye, others with sight, impaired indeed, but not enough so to force them to give up work requiring eyesight, while again some children are on the blind list who are going to the public schools—no doubt unwisely—and whose trouble is only excessive nearsightedness. There are good reasons for regarding such children as belonging to the class of physical delinquents, and many of them should be taken from the schools and taught in other ways than by eyesight; but this is a subject, which, though of great importance, can be only mentioned here.

Among the pupils at the blind school, are several children with high degrees of myopia and choroidal atrophy. These children are being educated without doing close eye work and this will probably save what sight they have. The effort the authorities of the blind school are making to get hold of such children is worthy of the highest commendation.

Again, Mr. Morrison knows of several blind children who are not enumerated by the census, and I am personally aware of three or four others whose names do not appear on the list. The conclusion seems justifiable that if investigations were made in Maryland of the amount of blindness, from a medical standpoint, nearly the same results would be found as in New York:—Less than the census gives, but much greater than the increase of population justifies.

Returning now to the work of the committee of the Ophthalmological Society‡, we find that of the blind in the State of New York, the members of the committee were able to get at the exact condition of the eyes of 509 individuals of all ages. It is impossible to give in detail the various causes of blindness found by these investigators, and a few summary notes must suffice; 2.27 per cent. was congenital, 14.51 per cent. was caused by ophthalmia neonatorum, 7.78 per cent. was due to trachoma or granular lids, 12.51 per cent. came from primary or secondary corneal disease, and 8.21 per cent. from sympathetic ophthalmia. Omitting for our present purpose the 2.27 per cent of congenital blindness, it is seen that 43.01 per cent. of the blindness in New York State came from four diseases, two of

‡Transactions American Ophthalmological Society, 1890.

which, ophthalmia neonatorum, and sympathetic ophthalmia, are preventable by prophylaxis, and three, ophthalmia neonatorum, trachoma and corneal diseases, either altogether curable or capable of marked benefit if proper treatment be instituted soon after the diseases are established.

After reading the report from which I have so largely quoted, I asked Mr. Morrison to allow me to examine the pupils at the School for the Blind on North Avenue, and the School for the Colored Blind, Deaf and Dumb on Saratoga St. Mr. Morrison and his assistants gave me every possible facility for conducting the examinations, and I desire to express my thanks to him and them for their courtesy. At the white school I examined 74 pupils, and although many interesting things were noted, I shall confine myself to the four diseases mentioned in connection with the New York report. The ages of Mr. Morrison's pupils, (two, however, were teachers), ranged from seven to twenty-eight. Only four were above twenty, and the large majority between eight and eighteen. Some gave the history of their cases clearly and could evidently be relied upon, the records of other cases were obtained from Mr. Morrison, while in others, sole reliance was put upon the objective appearance. The percentage of blindness caused by the diseases mentioned was; ophthalmia neonatorum 17.6, corneal diseases 4.5, sympathetic ophthalmia 6.7, trachoma1.5. At the colored school no reliance whatever could be placed upon the histories obtained. Twenty cases were examined, two being men of 40 years of age, blind from nerve atrophy. The other 18 were under 20. One case of trachoma was found—a most unusual disease in the negro—two were blind from sympathetic ophthalmia, six from corneal diseases, and four from choroido-iritis. Syphilis and scrofula were evidently the potent agents in causing most of the blindness at this school. I found no case which, in the absence of a reliable history, I could attribute to ophthalmia neonatorum, although one child in all probability became blind in this way. If these cases be added to those from the white school, the percentages of the four diseases are very nearly the same as found in New York, except in the case of trachoma, which is much less, probably owing to the smaller number of foreign-born persons examined. If the white school alone be considered, we have more blind from ophthalmia neonatorum than in New York by four per cent., and considerably less sympathetic ophthalmia and corneal blindness.

It may be objected that the 509 cases in New York and the 94 in our own schools—603 in all—are not enough to justify any conclusions. They would not be if unsupported by outside evidence. This evidence is right at hand, however, in the statistics of Magnus,§ based upon the examination of 3,204 cases of blindness under 20 years of age, and of 2,528 cases of all ages observed by Schmidt-Rimpler, Hirschberg and others. One who feels sufficiently interested to go farther into the matter will find the tables in Noyes' Text-Book valuable sources of information. Of the four diseases mentioned, these tables give the following percentages: under 20 years, ophthalmia neonatorum 23.50, of all ages 10.87 per cent.; corneal diseases under 20, .47 per cent., of all ages .35 per cent.; trachoma under 20, .47 per cent., all ages 9.49 per cent.; sympathetic ophthalmia 4.58 per cent., under 20, of all ages 4.5 per cent. The falling off in corneal diseases is most interesting and somewhat difficult to explain, but apart from this, the large numbers of these European investigators practically confirm what has been found in this country.

What, after all, is to be gained from a study of these tables, and why do they constitute an appropriate theme for a paper to be read before a body of physicians? In the remainder of this paper I hope to make this clear. In 1884, Dr. Samuel

§Noyes' Text-Book, Diseases of the Eye.

Theobald,‖ then chairman of the section to which I now have the honor to belong, presented to the Faculty an interesting paper upon "Preventable Blindness." Ophthalmia neonatorum, scrofulous ophthalmia, iritis, trachoma, sympathetic ophthalmia and glaucoma were carefully considered as causes of blindness, and the way pointed out to avoid this dire result. In this paper I wish to consider but one of these diseases, and to study it from a point of view different from Dr. Theobald's. This disease is ophthalmia neonatorum, or "babies' sore eyes," the cause, according to Magnus, of 23.5 per cent. of blindness in Europe among persons under 20 years of age; of 10.87 per cent. of *all* the blindness; of 14.51 per cent. of the blindness in New York State, of the loss of sight in 817 out of 1,178 blind persons (69 per ct.), according to Dumas' experience to 1879 (J. Lewis Smith, *Dis. of Children*, 7th edition), and of 17.5 per cent. of the blindness in our Maryland schools; this, too, with the disease almost entirely preventable, and in certainly 98 cases out of 100 curable, if properly and promptly treated. Nor is it my purpose to go over the various methods of treating the disease or to urge promptness in beginning treatment. This has been done over and over again, and there is probably no one before me or who may hereafter read this paper, to whom the treatment of ophthalmia neonatorum would be more than a twice-told tale. The medical men who know nothing of the treatment of the disease are those who have never received instruction in ophthalmology (or they have forgotten it), and who do not read journals. It is pretty hard to reach them. The question before us is:

Why does ophthalmia neonatorum continue to cause so much blindness? The answer can be given in one word: ignorance; ignorance of its great dangers on the part of parents, ignorance on the part of midwives and, too often, ignorance on the part of medical men. It is, I think, a proper work for our State Society—nay, its duty—to take some steps to enlighten parents, to compel midwives to give the babies under their care a chance, at least, for eye-sight, and to force, if possible, such medical men as will not voluntarily learn how to prevent and cure the disease, to do so anyway, or else to hand over the case to some one else. Oculists cannot prevent the greater part of the blindness from this disease, because they do not see the majority of cases soon enough. To an obstetrician, Credé, belongs the great credit of giving to us the means of prevention, and upon the obstetrician and general practitioner, with the aid of the health authorities, must rest the responsibility of stamping it out. I say "stamping out" advisedly, for I believe it can be done.

What Credé's method is is generally known:—The instillation into the conjunctival sac of the infant, immediately after washing, of one small drop of a two per cent. solution of nitrate of silver from a glass rod. There is usually slight reaction, such as reddening of lids and lachrymation. What the silver does is this:—It (1) disinfects the conjunctival sac, and (2) destroys the outer layer of epithelium, thus getting at, so to speak, any micro-organisms which may have lodged in this structure. Objections have been made from time to time against the general use of a prophylactic measure on the grounds: 1. That its universal use is not justifiable, and, 2. that Credé's method is unnecessarily severe. The first objection is well presented by Dr. Rob't Tilley of Chicago in an interesting paper read before the Chicago Medical Society, and published in the *American Journal of Ophthalmology* for February 1891. He states that about one baby in every ten has ophthalmia, and he does not think that we are justified in "inflicting a punishment, however slight, on the infants of 90 or 95 women who are not affected with gonorrhœa in order to save the remaining ten or five," who

‖Transactions Medical and Chirurgical Faculty of Maryland, 1884.

may or may not have inflamed eyes." There is more or less force in this objection. I was told a few days ago by a friend who has a large experience in obstetrics, that he had never seen a case of *purulent* conjunctivitis in a new-born baby in his private practice. In such a class of patients as this gentleman has the good fortune to have the disease is rarely seen. and prophylaxis may not be necessary unless there is a vaginal discharge.

The 2nd objection is founded upon the pain which a two per cent. nitrate of silver solution (10 grs. to ℥i), causes when used in the eye. As Dr. Tilley says: if one has ever used this solution in the eye, "he will not ask for its reapplication as a source of pleasure." By some the strength of the solution has been reduced to 1, ½. ¼ per cent., while others have substituted corrosive solutions, boric acid in saturated solution, two per cent. carbolic acid solution, etc. Most of the authorities whom I have been able to consult, seem to think that, on the whole, Credé's method is the surest. As Dr. Tilley says, Credé has arrived at the strength of his solution after a vast experience, and it is safest to stick to his directions. The following table taken from an article by Dr. Jacob M. Falk of Buffalo, published in the *Buffalo Medical and Surgical Journal*, February, 1891, shows the superiority of carbolic acid over no prophylaxis, and of Credé's solution over carbolic acid. The statistics are those of Königstein of Vienna.

In 1,092 new-born, without treatment, there was						19.26	per cent.	ophth.	neonat·
" 1,541	"	"	use of 1 p. c. carbolic ac.		"	7.42	"	"	"
" 1,250	"	"	" " 2 p. c. nit. silver		"	5.44	"	"	"

The chief reason for making the solution as strong as 2 per cent. seems to be that a weaker solution will not always destroy the epithelium of the conjunctiva; unless this is done, organisms may escape the antiseptic. and subsequently produce the disease. The same objection holds against other agents than nitrate of silver. Statistics might be easily lengthened out to show the good prophylaxis has accomplished. It will suffice, however, to make two or three quotations from the tables in Dr. Falk's article, and to refer any one still skeptical to this article, Noyes' Text Book, or the chapter on ophthalmia neonati in the 7th, edition of J. Lewis Sm th's *Diseases of Children.* From this table I quote:

Credé, before prophylaxis,	10.8	p.c.	opthal.	neonatorum in	2,897 children
Credé, after using 5 p.c. nit. silver	0.2	"	"	"	1,160 "
Felsenrich before prophylaxis,	4.3	"	"	"	1,887 "
" after using 2 p.c. nit.silver	1.9	"	"	"	3,000 "
and a 2nd series of	1.	"	"	"	2,100 "
Bayer, before prophylaxis,	12.3	"	"	"	1,106 "
" after using 2 p.c. nit. silver	no		"	"	361 "

The foregoing can be claimed, I think, Mr. President, to prove that blindness is alarmingly on the increase, and that the cause of nearly one-fifth it can be eradicated. The disease is rarely seen outside the circles of the poor. As far as our own city is concerned, the general use of Credé's method in our large lying-in hospitals has almost completely removed it from these institutions. The problem for our State Society to solve is how to protect the babies of the poor, outside of the hospitals:—children born under the care of medical men who do not realize the dangers of infantile ophthalmia, or of midwives, who may have never heard of it. The most important step in this direction will be instruction on the prophylaxis of ophthalmia neonatorum in the obstetrical lectures in our

medical schools. In some of the medical colleges of the country, instruction in eye diseases is only clinical; while even in those where didactic lectures are delivered, there is always a certain number of men who will tell you that they never expect to "practice on the eye," and will consequently pay little or no attention to lectures upon ophthalmology. During my own career I have met several such, and at the hospital I have seen blind babies who had been under the care of two or three of them when something could be done. Dr. Swan M. Burnett (*Medical Record* February 22, 1890), states that "in more than 30 standard works on obstetrics in English . . . . . there were only four which considered the preventive measures of which we have spoken: Encyclopedia of Obstetrics and Gynæcology and the treatises of Barnes, Lusk and Cazeaux and Tarnier. In only six others, and they were mostly old works, was there any consideration given to the treatment of the disease when it had once been established." The works which Dr. Burnett mentions are the most recent books on obstetrics and those which are, I believe, usually recommended to students. His statement, then, is rather encouraging than otherwise. I have looked through several standard English books upon diseases of children. In most of them nothing is said of the prophylaxis of ophthalmia neonatorum, and very little about its dangers or treatment. Three marked exceptions are Keating's System, Edward's Theraputics of Disease of Children and the last (7th), edition of Dr. J. Lewis Smith's book. In former editions of Smith there is nothing on prophylaxis, and, in my opinion, his treatment is not above criticism. Here again is evidence that our editors are working toward the prevention of the disease, and the fruits of their work will surely be seen during the next few years.

To teach the poor of the dangers of ophthalmia is a task which presents many difficulties. Personal contact with medical men must be the main reliance, but other things can be done. The Eye Infirmary at Sheffield,¶ England, distributes among the poor by means of the poor physicians the following card:

IMPORTANT NOTICE: If a baby's eyes run with matter and look red a few days after birth, take it *at once* to a Doctor. *Delay is dangerous*, and one or both eyes may be destroyed if not treated *immediately*.

Dr. Burnett, in the paper from which I have already quoted, recommends the distribution of such cards by the health department of the District of Columbia. It seems to me that much good might be accomplished in this way. Such cards could be kept in a small rack in the waiting room of every dispensary, and their presence would soon attract attention. In addition, such a notice, framed, could hang on the wall of each dispensary waiting-room and in the city police stations. A little effort in this direction might save many children from incurable blindness. Dr. Rohé, our health commissioner, tells me he thinks no difficulty would be experienced in bringing this about in Baltimore.

Finally, we have to deal with the midwives. This part of the subject is most difficult of all, in our own State at least. Our laws require nothing but self-confidence on the woman's part to entitle her to a license. These women attend many more poor women in confinement than do physicians, and are naturally interested in covering up their mistakes. In various parts of Europe—Saxony, Austria, Prussia, etc.—there are laws of more or less stringency regulating the licensing of these women, compelling them to know Credé's method before obtaining their licenses, and to use it in practice. A bill more strictly regulating the practice of midwives was introduced a year ago in the British Parliament. It was temporarily laid aside, but will almost surely be made a law. The Legislature of the State of New York, at its last session, passed "An Act for the Prevention

¶Burnett, (loc. cit.)

of Blindness." Nurses and midwives are required to report in writing to the health officer or some legally qualified practitioner of medicine the mattering or reddening of babies' eyes any time during the first two weeks of life, within 24 hours after such conditions have been noticed. A penalty of fine or imprisonment is attached for violation.

What would be *best* to do is hardly a matter of doubt: to have a law requiring both doctors and midwives to show that they know enough to practice before giving either licenses. But we know from experience that there are certain obstacles in the way of this in Maryland. What is the best possible, then, is what we want. To find this out and to put it in practice will require work and careful thought.

It is, Mr. President, in my opinion, and I believe in yours too, the legitimate work of the Faculty to attend to such matters as this. I would, in conclusion, suggest the appointment of a committee of four—two obstetricians and two oculists—to take charge of this matter, to have the power to urge upon dispensaries, physicians and midwives in the State, in the name of the Faculty, the importance of lessening the number of blind from curable diseases, to go before our City Council or Legislature, if the Committee deems best, to ask for necessary legislation—in a word to be clothed with power to act for the Faculty in the great work of preventing blindness. Reports from the committee should be presented to the Faculty at its semi-annual meetings. I believe there are men in the State sufficiently interested in this matter to go ahead on their own responsibility if necessary. If they can, however, have the Faculty's endorsement, the work will be easier and more effective.

525 N. Howard St.

THE MITIGATION OF DRUG INTOLERENCE.

The Paris correspondent of the *Lancet* states that Dr. Féré has found some instance in which the intolerence manifested toward certain drugs could be controlled by intestinal antisepsis. Sometimes the failure of the drug to act in an ordinarily kindly way, being such an exceptional occurrence, is set down to the fault of the individual, and is attributed to his "idiosyncrasy or intolerence." When this condition obtains, the individual does not at all times evince the same intensity or kind of antipathy. Dr. Féré has gone further and has made some observations that led him to assert that, by practicing intestinal antisepsis with naphthol and some other like substances, patients who have formerly been unfavorably affected by even small does of the bromides will cease to be intolernt. Epileptic patients of this kind, for example, will, when naphthol and salicylate of bismuth are given, bear large doses of bromide of potassium without any inconvenience. The eczema and psoriasis sometimes following the use of borax will be prevented if the intestines have been rendered aseptic. Dr. Féré experiments have been chiefly in the cases of epileptics, but he adds that the application of intestinal antiseptics as a check to drug intolerance will not be limited to that class of cases.—*N. Y. Med. Jour.*

The ordinary obstetric fee in the interior of China, according to a writer in the *Medical Missionary Journal*, is among the better classes, two dollars when the child proves to be a boy, one dollar for a girl. Among the poorer, one dollar for a boy and fifty cents for a girl.

PUERPERAL ECLAMPSIA.*

BY WALTER S. BLAISDELL, M. D., OF BALTIMORE.

Gentlemen:—Having been asked to continue this discussion, and having appointed to me the subject of spasms in the pregnant woman, I come before you to-night, conscious of the magnitude of my subject, and of my inability to make it of more than transitory interest to the gentlemen of the society.

Puerperal eclampsia it is needless for me to say, is one of the most serious diseases with which the obstetrician has to deal, requiring an accurate diagnosis between this and spasms from other causes. Under the most favorable aspects, there is a mortality rate of 25 per cent., and in the experience of many this is found to be much to small. The theoretical causes of this malady are various, and in the light of modern research many of them have been abandoned. That the interrupted function of the kidneys has a very decided effect in producing puerperal convulsions, many authorities admit. others (and these are in the minority), claim that the albuminuria is superinduced by the spasm, I am unable to find any logical reasoning advanced to substantiate the latter theory, so in the absence of proof to the contrary, we are forced to regard it as untenable. Macdonald, after making two thorough autopsies, modified the views of Traube and Rosenstein, and advanced what is to me an interesting theory, lacking plausibility. He claims to have found extreme anæmia of the cerebro-spinal centres, the meninges congested, but no evidence of œdema, as is claimed in the theory of Traube and Rosenstein. This post-mortem evidence inclined him to think that eclampsia is caused by irritation of the vaso-motor centre, in consequence of an anæmic condition of the blood, produced by the retention in it of excremen. tious matters, which the kidney ought to have removed, this overstimulation resulting in anæmia of the deeper seated centres, and consequent convulsions. Santos, after making a study of fifty-three cases occurring in the clinic at Budapesth, concludes that albuminuria occurring in pregnancy is the result of a reflex irritation of the sympathetic and renal nerves. This irritation being due to the irritation of the uterine nerve, incident to its enlargement, and later to its contraction and retraction. He regards eclampsia as an acute peripheral epilepsy, having its origin in the uterus. F. W. Robbins and Lusk, agree that it is renal insufficiency, and not albuminuria, which causes uræmia, and subsequently convulsions.

There is no pathological change in the tissues, to be discovered post-mortem. The brain is found to be anæmic, while œdema may or may not be present. The premonitory symptoms of an attack of puerperal eclampsia are persistent and severe headache, occasionally limited to one side of the head, transient attacks of simple vertigo, impairment, or it may be total loss of vision, and, lastly, œdema of the subcutaneous tissue, most commonly of the face. These symptoms may be present either collectively or severally; but when one or more of them are shown simultaneously with albuminuria, we may presume that spasms are to follow. The clinical history of these cases can be best spoken of in the relation of two cases, which I shall come to presently.

In treating cases of this character, there are many remedies, both medicinal and operative. Thus jaborandi or its alkaloid, pilocarpine, chloral and bromide, in combination or singly, inhalation of chloroform, veratrum viride, purgatives and many other drugs have their partisans, while other men are of the opinion that some operative procedure is imperative, and that drugs are of secondary

consideration. First in the list of operative mersures, we may consider venesection. That moderate bleeding may be of use in lessening arterial tension in the brain, I am willing to allow; but it should only be employed in the very first of an attack and *that*, we are seldom present at the bed side to witness. A forcible argument against it is that it is at best but a temporary measure. The arteries very soon absorb the requisite amount of serum from the surrounding tissues to distend them, leaving the volume of blood pressure exactly as it was before opening the vein, and the quantity of oxygen carrying blood corpuscles, much lessened, in addition to the physiological reduction accompaning pregnancy. In preference to this method of reducing arterial tension, I had much rather rely on such a drug as veratrum viridi to stimulate the inhibatory nerve of the heart, (which may be safely employed so long as a tendency to asphyxia be absent), or better still, to compress the carotids during the paroxysms as is recommended by Trousseau. It is truly said that the great indication in the management of convulsions is to control convulsive muscular action by the means of sedatives. To this should be added some operative procedure. For while spasms in the pregnant woman will almost invariably induce labor, we can under antiseptic precautions, in a few minutes safely effect a delivery, that it may take hours to get at the hands of nature. That this may prove a source of irritation, and intensify the spasms is doubtful, at worst it is but a temporary irritation, that when skilfully done is soon over. If it be true that a dilator and forcep blade increase the irritation, it certainly stands to reason that the retention of the fœtus for hours, will produce more harmful effects than would speedy artificial delivery. While it is true that the convulsions may continue after delivery, it is very exceptional for them to be kept up with the frequency, and intensity that they previously were, and in many cases entirely cease. If the fœtus be viable, there is all the more necessity for operative interference. Fayette Dunlap, from statistical evidence, asserts that ninety per cent. of these children are still born when the case is left to nature. Entertaining a regard for the welfare of both mother and child, and all authorities agreeing that the onset and progress of labor increases the convulsions, I do not think we have a moral right to delay operative measures, thereby subjecting the mother to the exhaustion attending a multitude of spasms, and the child to almost certain death. As a summary account of the treatment, I think that on the advent of the first convulsion we should give inhalations of chloroform and either some sedative drug internally or hydrate of chloral per rectum. My individual preference being for the latter. Should the paroxysms continue, or return after half an hour from the time of the first seizure, all temporizing measures should be abolished, and the child delivered at once. To effect this result, should the os not be dilated sufficiently to admit of the forceps being applied, Barnes or Goodell's dilators may be employed under antiseptic precautions and the forceps applied as soon as the os is sufficiently dilated to admit them. With a head presentation, I prefer the forceps to podalic version, for the reason that while just as safe to the child, there is less shock to the mother. This, however, is largely a matter of choice, for the sole aim being to evacuate the uterus in the soonest possible time, the accoucheur should use that method with which he is most familiar, that valuable time may not be lost.

I beg leave in closing, to call your attention to two cases of puerperal spasms occurring in my practice during the last year.

Mrs. C. aged 23, primipara, 8½ months advanced in pregnancy, was taken on the morning of August 5th at 6 A. M. with convulsions. Had been having

slight labor pains through the previous night. I was called to see her about two hours from the time of her first attack, she then being in an unconscious condition, the convulsions following one another at intervals of three-quarters of an hour, and each convulsion being of about three minutes duration. The os at this time was soft, but not materially dilated. Axillary temperature 99 degrees, pulse 105, pupils contracted and irresponsive to light. There was no œdema of the face or extremities, nor as far as I could learn, had she complained of any ill-feeling previous to the onset of the convulsions. Suspecting a hysterical element in the case, notwithstanding the contracted pupil to the contrary, I ordered large doses of bromide of potash and ammonia, to be repeated every half hour as occasion demanded. On catheterizing the bladder, I secured about four ounces of rather high colored urine, and carrying it to my office for examination, found it to contain 25 per cent. albumin by volume, with a specific gravity of 1004. This discovery giving an entirely different phase to the case, I determined to deliver forthwith. On again visiting my patient, equipped with the needful appliances for immediate delivery, I found the convulsions following one another about every fifteen minutes, and decided uterine contractions. The os was soft, dilatable and dilated to admit two fingers, so that the position of the head, (occiput right iliac posterior) could be readily determined. Easily dilating the os to a sufficient size under chloroform, I ruptured the membranes, applied and delivered the child with forceps, terminating labor in the usual way. The spasms entirely ceased for four hours after evacuating the uterus, to return at the expiration of that time with very much lessened severity, and continuing throughout the night at intervals of about an hour, until 4 A. M. the following morning, when they entirely stopped. She regained consciousness within three hours from the cessation of the spasms, or about twenty-five hours after the onset of the first convulsion and aside from a slight attack of mastitis made an uninterrupted recovery.

Case second, is one that has already been reported to the society, in which craniotomy was necessary to effect delivery, so I shall but briefly mention its salient points, M. J., æt. 17, colored, primipara, advanced to full term in pregnancy, was taken on the morning of July 14th, 1890, at 4 A. M. with convulsions. Had been complaining for two or three days of violent pains in her head and dimness of vision. When I first saw her she was rapidly passing from one convulsion into another, wholly unconscious, with labor slowly advancing. No water could be obtained by catheterism. The face and extremities were but slighly œdematous. With the assistance of Dr. Julius Friedenwald of the City Hospital, the girl was anæsthetized and delivered. There was complete arrest of the convulsions for three and one-half hours, after which she experienced two slight ones, and in three and one-half hours two more, which were the last; consciousness was not regained in the slightest degree, from the time of seizure until death, which ensued twenty-four hours after delivery, and sixteen hours after the last convulsion.

*Read at the 724th meeting of the Medical and Surgcial Society of Baltimore, April 9th, 1891.

According to the last issue of the Register of Physicians in the State of California there is a notable decline in the number of physicians seeking to locate in that land of fruit and flowers.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD THURSDAY, APRIL 8, 1891.

The 723d meeting of the Society was called to order by 1st Vice-president Dr. F. C. Bressler.

The minutes of the previous meeting were read and approved. Dr. J. E. Heard was elected to membership.

Dr. F. C. Bressler read a paper entitled INFANTILE ECLAMPSIA.

Dr. W. S. Blaisdell read a paper entitled PUERPERAL ECLAMPSIA. (See page 31.)

Dr. R. G. Davis read a ppper entitled URÆMIC ECLAMPSIA.

Dr. M. B. Billingslea then related

A CASE OF PUERPERAL ALBUMINURIC RETINITIS.

A lady, primipara, aged 40, was seen in January, 1891, for a malarial attack, with some bronchial irritation. The attack was of a neuralgic character, in the face and neck, but yielded kindly to treatment in a short time. After some little time had elapsed, she had a similar attack which was more obstinate. In about ten days she complained of her eyes giving her trouble, and as she had been wearing glasses, she was advised to see an occulist, who diagnosed albuminuric retinitis. She was then at about 4½ months gestation, and as it was the first child, she was anxious that it should be born. An examination of the urine showed about 52 per cent. of albumen. She was given tr. of iron, 20 drops with ½ oz. of Bashams mixture. In a couple of days the vision in the left eye became bad, after a consultation it was decided to continue the treatment and try to carry the child to term, as she was very anxious that it should be born. In three weeks the vision in left eye had improved from nil to about ¼ and in the right from about ¼ to ½. In about three weeks more the symptoms increased, she became somnolent and in another week the symptoms had increased to such an extent that it was concluded that the fœtus was dead. A consultation was held and an abortion was decided upon, the child was delivered and from its macerated condition it was supposed to have been dead about a week. The patient has improved under treatment and the oculist's examination shows considerable improvement in vision, but there will always be scars in the left retina.

J. WM. FUNCK, M. D., Rec. and Rep't Sect'y.

1710 W. Fayette St.

ALOPECIA FOLLOWING CONTINUED FEVERS.

℞ —Ext. jaborandi fl.
Tr. cantharidis aa. ℥ss.
Glycerine
Olei vaselin aa. ℥i.

M. Sig.—Apply locally with a sponge at night.—Bartholow in *Col. and Clin. Rec.*

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor. JOSEPH E. GICHNER, M. D., Associate Editor.

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BALTIMORE, MAY 9, 1891.

Editorial.

THE LATE CONVENTION OF THE MEDICAL AND CHIRURGICAL FACULTY.

The late meeting of the Medical and Chirurgical Faculty may be characterised as a distinct success as compared with former gatherings of the same kind, nevertheless there are some points with regard to it to which we wish to call attention, not in the spirit of fault finding, but in the hope that we may exercise some little influence in the direction of still further improvement. The arrangement made by the executive committee to have evening sessions as well as day sessions was a distinct advance, and was generally approved of by those present. The principal advantage of this arrangement is to allow county members an opportunity to participate in the proceedings without wasting so much time as was formerly necessary. Prior to the adoption of this plan, when we had only one session a day the gentlemen from the counties were compelled to spend all the time from the moment of afternoon adjournment to the next morning without occupation, or at least, without such employment as was most desirable. With the sessions the time is better filled and there is also time in the intervals for such social or other entertainment as falls to their lot. Another move in the right direction was the printing of a program of the order in which the papers were to be called for. The arrangement of the program, however, is open to criticism in that it was bunched, so to speak, that is, it was printed *en bloc* and was unsatisfactory in that it did not give the information most desirable, namely, at what special time each paper was to be expected. In large gatherings like the last convention, in which all the different branches of medicine are to be discussed, it is clear that each member does not feel such interest in all the papers as would lead him to attend all the sessions. Many complaints were heard on this score and they were just. In fact the only way in which one could make sure of hearing

any particular paper, except the presidential address and the annual oration, was to attend all the sessions. We would suggest to the executivs committee of the coming year that a program be prepared on a more definite basis and that the particular time at which each paper is to be called for be set down. If it be understood, that, if the reader be not ready when called for, he shall be placed at the bottom of the list, we are convinced that it will prove a decided stimulus to punctuality. We make this suggestion with the more freedom, inasmuch as the new law, passed at the convention, requires that the titles be handed in at least a week before the time of the convention.

We regret very keenly that there was not a larger representation of the counties present at the convention. We had the pleasure of welcoming a certain number but by no means so many as we had hoped to see. The efforts which have been made in the direction of awakening general interest in the faculty among the profession, in the state at large, have had some measure of success, but there must be a distinct improvement before the faculty can reach the position aimed at, that of a state medical society which has the power as well as the inclination to look after general professional interests, and make the influence of the profession felt in the legislative direction The old fable of the dying patriarch and his bundle of sticks might well be called to the mind in this connection. Organised and working harmoniously together as it should be, there is no telling what might be accomplished for the benefit of the profession and of humanity. There is certainly no need of commenting on the reverse side of the picture. Our own bitter experience for many years ought to suffice. We are glad to know that the new president is as strongly in favor of pushing the work of the faculty in this direction as was his predecessor, and we believe, notwithstanding the slow progress already made, that with the aid of the combined enthusiasm of the more progressive members and the increasing obviousness of the need of self defence, the faculty will after a while become the representative of the organised profession of the State.

The purely professional work of the convention was excellent, notwithstanding the fact that "The Grip" robbed it of many papers which would have been highly appreciated. Many of the discussions were lively and interesting, but would have been better if the members could have known when the papers were to be read. The papers were, as a rule, of excellent quality and showed that much care had been taken in their preparation. The manifest improvement in the literary quality of the papers read before the faculty is, we think, due to two causes. First, the discussion, which has been allowed for the last few years, and in the face of which one feels the necessity of placing himself on unassailable ground, and second, the law passed last year, which allows the publication of papers read before the faculty, in the journals, without excluding them from the "transactions," as was formerly the case. The limitation of a paper to the "transactions" in accordance with the former rule, amounted practically to burying it, for it did

not see the light until months after it was read, and when it did it reached only a very limited audience. We are happy to announce that we have secured a considerable number of the papers read at the convention and shall have the pleasure of laying them before our readers.

MEDICAL LEGISLATION.

A VERDICT FOR A PHYSICIAN.

The daily papers reported a short time since that Dr. James H. Albee, of Woonsocket, R. I., had obtained a verdict of $600, against the Chappaqua Shoe Manufacturing Co., of Westchester, County N, Y., for injuries suffered in 1888. In May of that year, Dr. Albee's horse was frightened by the factory whistle and run away. As a result Dr. Albee was thrown out and his left leg injured so that it became permanently shorter than the other. It was shown at the trial that it was three inches shorter. The case will be appealed by the Company.

DO HYPNOTIZERS AND OPTICIANS PRACTICE MEDICINE?

Two curious instances of attempt to apply the law against the illegal practice of medicine have recently occured. One is the decision of the Conferente of Paris Advocates, that a person who performs hypnotic experiments on another, violates the law, if he is not a member of the medical profession. The other relates to Opticians, and is also a French opinion, although it has more weight, having become the judgment of a court. The question was, whether an optician could prescribe a combination of lenses for any visual trouble and the court decided that he could not, unless legally qualified to practice medicine.

Correspondence.

THE DIPLOMA MILL, OR THE NEED FOR A STATE BOARD OF EXAMINERS.

The season of the year for the annual outbreak of those buildings known to the public as medical schools, having passed, it seems good to discuss these diploma mills, their machinery, their running power, and the result of their grind. At the same time attention should be directed to the good and useful schools. In our large cities and in some small ones we find schools, the standing and ability of which is not to be questioned, adding a large number of graduates to the profession. From these schools alone the people would be amply supplied with a good and reliable corps of medical men. Add to this the "outcome" of the diploma mills, then count the States in which no "regulating" law exists, and one can see the effect on public as well as profession.

The aggregation (faculties), that turn the cranks of their "mills" are men usually of some business tact, but more often they possess shrewdness rather than broad intellect. They may be said to be good schemers, aiming solely to sell a

piece of paper (diploma?), to any one who is fool enough to buy. They are unable to decide as to a candidate's mental fitness, and are careless as to other requirements. The candidate usually is as "well up" in one branch of an education as another, hence mankind suffers alike. To do away with these self styled medical colleges is the work, not of the profession as such, but of the people, viz., the Legislatures of the States. Many States are now on the list, and it seems meet and proper that the next General Assembly of this State should add another laurel to our code by putting a law there to regulate the practice of medicine: The public and profession need a State board of examiners, to be selected from the best and purest standpoint. Then a candidate who passes can point with single pride to his alma mater, since it is from that source, and that source *alone*, that enables him to master the questions of the board. The practice of medicine, regulated by the *right* kind of a law, the same carried out by the *right* kind of a board, would yield a compensation sufficient to make the words of the JOURNAL of March 14th, 1891, both timely and true. As it is, the poor young graduate labors till his head is grey, but can never collect sufficient means "in a year or so" to complete his education. Locations worth looking after are not as plentiful as one might think, owing mainly to the flooding of the country by diploma mills.

Let us have a State board of health, who will only allow those to enter the great field of labor who are mentally and morally the equals of those good ones ahead. Let the profession be placed where it should be, a living producing calling, a labor pleasing to Almighty God. With such a system properly enforced in *all* States, the day of pretenders and quacks would soon pass away.

713 Rayner Ave. WIRT A. DUVALL, M. D.

Reviews, Books and Pamphlets.

Municipal Ownership of Quasi-Public Works. By ALLEN R. FOOTE. Reprint from *Weekly Medical Review.*

A Knowledge or a Time Requirememt. By YOUNG H. BOND, M. D. Reprint.

Electricity. A brief and practical exposition of Modern Scientific Electro Therapeutics. By Wellington Adams, M. D. Vols. I and II. Geo. S. Davis, Detroit, April, 1891. Price 25 cents.

These two volumes appearing in the series of the *Physicians Leisure Library*, illustrated with many plates, contain full and scientific descriptions of all forms of electricity, and modern apparatus, but the matter lacks simplicity; as only those that have a considerable knowledge of the subject can gain any benefit from reading the work. But, for those that take special interest and have devoted some time to the study of elctricity as used in medicine. these little books will be useful. Electro-therapy is most sparsely mentioned in the first and second volumes. The author confessing that this had not been his aim, as he expects to write another volume entirely devoted to general and special electro-therapeutics.

Materia Medica and Therapeutics. With Especial Reference to the Clinical Application of Drugs. By JOHN V. SHOEMAKER, A. M., M. D. Vol. II. Being an independent volume upon drugs. T. A. Davis, publisher, Philadelphia and London, 1891.

As we have not seen the first volume, we cannot say what might have been its contents, but the second volume has no connection with the other, as the author states it is quite an independent volume. In arrangement it differs from other works of this kind in having the order of remedial agents, alphabetically arranged and not according to their uses, this may be an advantage as it places drugs of twofold character into no special groups. Another good innovation is the mentioning of many drugs of vegetable origin which are used in some countries and possibly once had popular favor. The new addition of coal tar derivatives are given proper consideration; but I fail to see the use of natural therapeutic agents mentioned, the importance of which we think no enlightened physician can deny. Some may consider the various uses of water in all forms, of air and exercise a matter self-understood, but the students for whose use the work recommends itself has in many instances no such knowledge. The many prescriptions and formulas are very useful, especially those recommended for hypodermic use which system of medication is deservedly gaining more favor.

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL. MONTHLY REPORT FOR APRIL, 1891.

BY JULIAN J. CHISOLM, M. D., SURGEON IN CHIEF.

BALTIMORE MEDICAL COLLEGE Library NOT TO BE TAKEN FROM ROOM

New patients admitted, 143.
Patients treated for each day, 122.
Cataract extractions, 7.
Internal squint operations, 8.
Iridectomies, 13.
Removal of tarsal tumors, 12.
Foreign bodies removed from cornea, 36.
Neurotomy optico ciliary, 1.
Removal of foreign bodies from throat, 1.
Removal of aural polypus, 2.
Total number visits in April, 3,293.
Number of operations, 179.
Soft cataracts needled, 3.
External squint operation, 2.
Removal of Pterygium, 4.
Tear-drop operated upon, 12.
Enucleation of eye-balls, 4.
Removal of hypertrophied tonsils, 5.
Adenoid growths removed from throat, 11

Medical Progress.

THE ACTION OF ANTISEPTICS ON THE PERITONEUM.

Drs. Delbet, Grand, Maison and Brenret (*Annals de Gynacol.*, January, 1891) announce the result of a series of experiments performed to ascertain the action of antiseptics upon the peritoneum. They admit that there are certain disadvantsges in the use of antiseptics. In the resistance of a healthy system to microorganisms. cells play an active part. All antiseptics are poisons to bacilli, and if poisonous to these simple unicellular organisms, they are also poisonous to the highly complicated multicellular tissues in the human body. If then, any antiseptic kills bacilli, it must also destroy some of the cells belonging to the patients body which it touches. The destruction of these cell diminishes the resisting power of the subjacent tissues, and should the antiseptic have failed to kill all the bacilli in the neighborhood, some of the surviving germs may enter the un-

protected tissues. In the case of superficial wounds dressed with antiseptics, the good done by germ destruction must greatly exceed the harm caused by damage to connective tissue cells, which have feeble resisting powers against bacilli; on the other hand, the peritoneal endothelium is now known to resist the incursion of germs with great vigor as long as it is healthy and uninjured. Larnelle never succeeded in finding a single bacillus within the substance of a peritoneal endothelial cell. Possibly these cells secrete a substance which poisons bacilli. When the endothelium of an area of the peritoneum is damaged or destroyed, the resisting power of the serous membrane is greatly impaired. The common connective tissues cannot offer adequate protection to the system. May not antiseptics destroy the endothelium, or, at least set up grave changes, impairing its resiting powers? To settle this question Drs. Delbet and his colleagues have undertaken the experiments which they now describe. Their method consists in carefully touching up a tract of mesentary in a dog with an antiseptic, and then flushing the peritoneum. Another tract is treated in the same way, and the peritoneal cavity is once more washed out. At the end of a stated time the animal is killed With manifold precautions pieces of of the messentery treated with the antiseptic are removed and compaaed with other portions not so treated. The endothelium was stained with nitrate of silver. The nuclei seemed unaffected, but the protoplasm underwent great changes. The first modification was a retraction of the endothelial cells at their pointed prominences. Hence little black spots appeared where the meshes of the well-known network pattern, formed by contiguous endothelial cells, crossed each other. This "angular retraction" passed into "angulo-marginal retraction." Black points appeared at first along each mesh, indicating partial separation of the margins of contiguous cells. When the separation was complete the meshes looked unusually thick. The next stage is fragmentation," the protoplasm becoming granular and breaking up. Partial, and lastly complete, desquamation follows. The above stages are produced more rapidly or slowly according to the power and nature of the antiseptic, some agents causing desquamation at once. In any case the endothelium, a bulwark against sepsis, is distinctly damaged.—*Brit Med. Jour.*

COCAINE IN LABOR.†

Dr. Bousquet, of Marseilles, has published (*Arch. de Tocol.*, December, 1890) a series of cases of labor treated with cocaine. In 1885 Dr. Doléris first noted in public the analgesic action of cocaine on the genital tract. He, as well as Dubois and Jeannel, had good results in cases where the cervix of women in labor was rubbed with a 4 per cent. cocaine ointment. Hartzhorne, in 1887, found that a mixture of 6 parts cocaine, 24 vaseline, and 20 of glycerine acted very well if syringed over the cervix. Dr. Bousquet maintains that cocaine is not thoroughly satisfactory as a local analgesic unless injected hypodermically. He has therefore adopted the practice of injecting half a Pravaz's syringeful of a 1 in 20 solution of cocaine into each labium majus from 5 to 10 minutes before the spontaneous delivery of the head is expected to occur, or the same time before any artificial intervention to expedite labor. His experience extends to 32 cases. Of these 22 were normal labors and 10 required the forceps, turning, or the basiotribe. The results were most satisfactory, especially in the artificial labors. In some of the cases a plug soaked in the cocaine solution was also placed against the cervix. Dr. Bousquet has little fear of any bad effects from the application of cocaine in labor. The small doses which he employed were not such as have ever proved poisonous in any kind of patient; anæmic subjects, and persons subjected to the influence of cocaine when sitting upright, have suffered from alarming symptoms. The patient in lying-in cases are constantly recumbent.

†Brit. Med. Jour., April 11, 1891.

THE CALOMEL HABIT.

Dr. J. T. Henry, of Chester, S. C., described what he terms the calomel habit in the *Medical Record* of May 2d, and it is interesting on account of the various symptoms the patients present. In many sections of the South, calomel is one of the most frequently used of household remedies, and has been so for a long time. In fact, it is given (by the laity) for almost everything, from a toothache to an ingrowing toe-nail. Hence, there would be nothing more reasonable than to expect some bad results to follow this indiscriminate and too frequent use of so powerful a drug as calomel. While there is rarely to be found chronic mercurial poisoning, there are many who might be said to be victims of "the calomel habit."

These persons rarely present themselves to the physician to be treated for this habit, but come under our observation suffering from other troubles, and their history develops the fact that they have been habitual calomel takers for years. They may tell you that they used to take calomel, but lately have found a substitute in the "Jones" or "Smith" pill, as the case may be; which, on investigation, is found to contain more or less calomel. They all say they take the drug or the pills "for their liver." And will give you almost the following array of symptoms:

"Every few weeks I have headache, cold and clammy feet and hands, sometimes the cold more marked in the tops of the feet than the soles; eat plenty, but do not relish the food; have a full feeling almost all the time; drowsy, but do not rest well at night; have bad taste in the mouth, especially in the morning; sometimes nose-bleed; bowels may be constipated or regular; urine more or less scanty and high-colored; mind sluggish; sometimes night-sweats and swimming in the head; also a mean, heavy, creepy, indescribable feeling."

All these persons are more or less anæmic, though not emaciated, and some are even stout. In those whom I have examined, the liver or spleen did not seem abnormal. Urine negative. I do not know whether they had any abnormal temperature or not, never seeing the patient during the attack.

When these patients feel the above trouble coming on, they take a dose of calomel, and, to use their own expression, "feel like a new person for a few weeks."

I have tried various other cathartics as a substitute for this calomel, but without effect beyond purging; and I have never known a full dose of calomel to fail to relieve all the symptoms. I have talked with older practitioners on the subject; some of them attribute the above symptoms to a "kind of malaria," and usually prescribe calomel (there it is again), followed by quinine, as they say with good results. These patients, though they may have been taking calomel more or less all their lives, cannot definitely say when the above symptoms began to show themselves. Assuming that their trouble is due to the calomel habit, where are the pathological conditions arising therefrom likely to be found? and what are they? Since my facilities in such research are limited to clinical observation, I shall expectantly refer these problems to more fortunate and more competent investigators, hoping to be either soon convinced of my error, or further enlightened.

Dr. Charles A. L. Reed, of Cincinnati, purposes introducing at the Washington meeting of the American Medical Association resolutions to the effect that an invitation be issued to the medical profession in the various countries of North and South America, to hold a congress in the United States.

Medical Items.

Dr. J. M. Baldy has been elected Professor of Gynæcology in the Philadelphia Polyclinic and College for Graduates in Medicine.

Dr. Edward T. Reichert, Professor of Physiology, University of Pennsylvania, succeeded Dr. Dulles as editor of the *Medical and Surgical Reporter*.

It is proposed that an International American Medical Congress be held in Chicago at the time of the Columbian Fair.

Dallas, Texas, hopes to have a new $100,000 hospital. "It is God's work," says the *Texas Health Journal*, but we should judge from the context that the local politicians have a good deal to say about the matter.

Dr. Nicholas Senn, of Milwaukee, is desirous of obtaining the name and address of every surgeon of the National Guard for the purpose of taking the preliminary steps towards the formation of a permanent national association.

Major Alfred A. Woodhull, Surgeon U. S. A., is detailed to represent the Medical Department of the Army at the International Congress of Hygiene and Demography at its meeting in London, England, from the 10th to the 17th of August, 1891.

In New York and Brooklyn during last week several deaths were reported as due indirectly to the grip. More or less severe epidemics are reported from Fall River, and other New England towns, different parts of England, southern Europe, especially in Odessa and neighboring Russian cities. In Boston the death-rate was only 21.7, with six deaths reported as due to complications of influenza.

Medical circles in Paris are greatly interested in a new treatment for tuberculosis discovered by Germain Sée. Prof. Sée's treatment requires the patient to pass four or five hours daily in a chamber where his or her entire body, with the exception of the head, is compressed in linen bandages saturated in a solution of creosote. The pressure is then increased until it reaches an atmosphere and a half. Excellent results are already claimed for this alleged "new discovery."

The Board of Regents of the University of Nebraska have called Dr. F. S. Billings to take charge of the work of investigating the disease of domestic animals, and have appropriated over $10,000 to cover the expenses of the undertaking for the first year. This action was taken at the instance of a committee representing the live-stock interests of the State. Dr. Billings's staff will consist of a chemist and an assistant, the latter to receive a salary of $1,200, and also a corps of volunteer workers. These volunteers will be assigned to original and practical work, the results of which they will be at liberty to publish, and will receive credit for as their own.

The Climatologist is to be the title of a new monthly journal, to be first issued probably in July. It is to be devoted to the relation of climate, mineral springs, diet, preventive medicine, race, occupation, life insurance and sanitary science to disease. Special attention will also be paid to the subject of health resorts, descriptions of sanitoriums with special reference to their suitability to certain cases. It is under the editorial management of John M. Keating, M. D., of Philadelphia, Charles F. Gardiner, M. D., of Colorado Springs, and J. P. Crozer Griffith, M. D., of Philadelphia. The editorial office is in Colorado Springs, Colo.

It is said that Chicago is to have a new institution known as the German College of Medicine and Obstetrics, with a capital stock of $50,000. The college will have ten professors, four to teach in the English language and make a specialty of obstetrics; the other professors will teach in German and have charge of the regular college course. Five years of study will be required before a diploma is granted. It is thought that eventually a college building will be erected near Humboldt Park. The money required will be provided by the incorporators, and by the professors who are to occupy the chairs in the college. The professors have not yet been selected.—*Medical News.*

A contemporary reports a curious case which came before a court in New York City recently. A gentleman discharged a wet-nurse because she went out at night, and, on this and other grounds, was not satisfactory to him. The nurse brought suit for breach of contract, and asserted that as long as she supplied the infant with good milk, the father had no right to dismiss her. A pair of healthy-looking twins were produced in court as evidence of the superior lactogenetic capacity of the wet-nurse, whatever might be the irregularity of her habits or the delinquences of her morals. The jury rendered a verdict for the plaintiff, and awarded her the full amount of her salary according to her alleged contract.

Carl Rudolph Braun, Professor of Obstetrics and Gynecology in the University of Vienna, etc., died March 28th, aged sixty-nine years. Carl Braun graduated in Vienna in 1847, and after a short time spent in the pathological laboratory became assistant in obstetrics under Klein. In 1853 he was called to the Tyrol as professor, where he, in 1857, published his text-book of obstetrics. At about this time, after declining the chair at Zurich and at Pavia, he came back to Vienna, on the death of Klein, as professor of the obstetrical clinic, and at the same time devoted himself to the establishment of a gynæcological clinic in connection with the lying-in department. From this time until his death Braun has been one of the most prominent figures in the medical life of Vienna, and in obstetrics has attained a world-wide reputation.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE TWO WEEKS ENDING APRIL 18, 1891.

Surgeon P. H. Bailhache, to represent the service at the annual meeting of the California State Medical Society, April 8 1891. Detailed as Chairman of Board for the physical examination of officers, Revenue Marine Service, April 14, 1891.

Surgeon John Vansant, detailed as Chairman of Board for physical examination of officers, Revenue Marine Service, April 14, 1891.

Surgeon H. W. Austin, detailed as Chairman of Board for physical examination of officers and candidates Revenue Marine Service, April 14 and 15, 1881.

Surgeon J. M. Gassaway, leave of absence extended five days, April 15 1891.

Surgeon G. W. Stoner, to proceed to Alpena, Mich., on special duty, April 12, 1891.

W. P. McIntosh, passed Asst Surgeon, detailed as recorder of Board for physical examination of officers, Revenue Mrrine Service, April 14, 1891.

G. M. Magruder, passed Asst Surgeon, detailed as recorder of Board for physical examination of officers Revenue Marine Service, April 15, 1891.

Asst. Surgeon T. B Perry, ordered to examination for promotion, April 6, 1891.

Asst. Surgeon R. M. Woodward, ordered to examination for promotion. April 6, 1891.

Asst Surgeon N. T. Goodwin, ordered to examination for promotion, April 6, 1891.

Asst Surgeon G. T. Caughan, ordered to examination for promotion, April 6, 1891.

Asst. Surgeon H. D. Geddings, detailed as recorder of Board for physical examination of officers and candidates, Revenue Marine Service, April 14, 1891.

Asst. Surgeon J. C. Perry, detailed as recorder of Board for physical examination of officers, Revenue Marine Service, April 14, 1891.

Asst. Surgeon J. F. Groenevelt, to rejoin station, (New York), April 13 1891.

Asst. Surgeon M. J. Roeman, to proceed to Cairo, Ill., for temporary duty, April 13, 1891.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR THREE WEEKS ENDING MAY 2, 1891.

Med. Dir., Grove S. Beardsley, appointed a delegate to represent Medical Dept. Navy, at meeting of Amer. Med. Asso,, at Washington, D. C., May 5, 1891.

Surgeon James M. Flint, appointed a delegate to represent Medical Dept. of the Navy at meeting of Amer. Med Asso., at Washington, May 5, 1891.

Pd. Asst. Surgeon, S. H. Griffith delegated from the U. S. S. "Dolphin" and granted one months leave of absence from date of detachment.

Medical Inspector, D. McMurtrie detached from Navy Yard, New York, and to the U. S. S. " Lancaster."

Medical Inspector, Edward Kershner, detached from Marine Rendezvous and to Navy Yard, New York.

Surgeon C. G. Herndon from Naigl Hospital, N. Y., and to the Marine Rendezvous.

Pd. Asst. Surgeon, James E. Gardner ordered to Naval Hospital N. Y.

Asst. Surgeon George A. Lang granted two months leave of absence.

Medical Inspector, A. A. Hochling detached from Navy Yard, League Island and waiting for orders.

Surgeon W. H. Jones ordered to Navy Yard League Island.

Pd. Asst. Surgeon, O. D. Morton detached from Naval Hospital, Chelsea, Mass., and waiting orders.

Pd. Asst. Surgeon F. J. B. Cordeiro ordered to Naval Hospital, Chelsea, Mass.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM APRIL 14, 1891, TO APRIL 27, 1891.

Captain William F. Kneedler, assistant surgeon, is relieved from duty at Jackson Barracks, Fonisina, and will report in person to the commanding officer Fort Logan, Colorado, for duty at that post, reporting also by letter to the commanding general, Department of the Missouri.

Leave of absence for twenty-one days, to take effect on or about May 1st, next, is granted Captain George E. Bushnell, asst. Surgeon U. S. Army, Camp Pilot Butte, Wyoming.

By direction of the acting Secretary of War leave of absence for six months on surgeon's certificate of disability is granted Major Passmore Middleton, surgeon.

Leave of absence granted Captain Henry P. Birmingham, asst. surgeon in S. O. 39. March 13, 1891. Department of the Columbia, is extended one month.

By direction of the Secretary of War the following changes in the stations of medical officers are ordered: Capt. Marshall W. Wood, asst. surgeon, is relieved from duty at Fort Meade, S. D., and will report in person to commanding officer, Fort Pueble, Maine, for duty at that post, relieving Capt. William B. Davis assistant Surgeon.

Capt Davis, on being relieved by Capt. Wood, will report in person to the commanding officer, Fort Texas for duty at that station.

A board of medical officers, to consist of Major Henry McElderry surgeon; Captain James C. Merrill, assistant surgeon, Capt. W. Fitzhugh Carter, assitant surgeon; is appointed to meet at West Point N. Y., May 1st, 1891. or as soon thereafter as parcticable, to examine such cadets of the U. S Military Academy as have been granted leave of absence until that date on account of physical disability, and to report upon their physical fitness to continue with the camps of cadets.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 3. BALTIMORE, MAY 16, 1891. NO. 529

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ONE HUNDRED CONSECUTIVE CASES OF LABOR AT THE MARYLAND MATERNITÉ. WITH NOTES.

BY GEORGE H. ROHÉ, M. D., DIRECTOR,

AND

SAMUEL H. ALLEN, M. D., RESIDENT PHYSICIAN.

[Being the second series of one hundred cases and a continuation of the report read before the Medical and Chirurgical Faculty of Maryland at its annual session in 1890.]

The antiseptic methods practised in the Maternité Hospital, together with the care and treatment of the patients before, during and after labor, were described fully in a report read before the Faculty one year ago, and will therefore not be repeated in this paper. The results of the methods in use at this institution demonstrate beyond the shadow of a doubt that the advances of modern midwifery have placed the once sadly neglected science on the exalted plane now occupied by its sister sciences—modern surgery and gynæcology. Though this paper is chiefly statistical in its nature, yet we trust it will prove an addition of some value to the recent literature on obstetrics. Many unwarranted speculations and ancient errors must be relegated to the regions of eternal oblivion in the face of the carefully observed and properly interpreted phenomena and accurately recorded facts in hundreds of cases. These and these alone can form the foundation of any branch of medicine deserving the name of a science. The cases re-

ported below are taken from the records of the Maternité in a consecutive series beginning with January 22, 1890, when the report presented last year ended.

Color.—Of the 100 cases included in this report there were, 62 white and 38 black; total 100 patients.

Age—The oldest was 40 years; the youngest was 14 years; average age 23.

Nativity—Maryland 53, Virginia 21, Pennsylvania 8, North Carolina 3, West Virginia 1, Rhode Island 1, Massachusetts 1, Louisiana 1, Florida 1, District of Columbia 1, Germany 5, Ireland 2, Australia 1, Russia 1. Americans 91, foreigners 9; total 100.

Paræ.—There were 61 primiparæ and 39 multiparæ; total 100.

Height.—Average height of patients 5 feet, 2½ inches.

Pelvic measurements.—Average, of the hundred cases, between the anterior superior spinous processes, 9⅓ inches, between the iliac crests 10⅓ inches, from the symphysis pubis to the posterior part of last lumbar vertebra 7⅛ inches.

Beginning of menstruation: earliest at the 8th year, latest at the 19th year; average time of beginning of menstruation between the 13th and 14th year.

Time when labor began: in 34 cases, between 9 P. M. and 3 A. M.; in 22 cases, between 1 and 7 P. M. It is a very common occurrence for labor to begin just after dinner or after supper.

Average length of the stages of labor.—First stage: primiparæ 17 hours, multiparæ 11 hours, combined average for both, 15 hours, 30 minutes. Second stage: primiparæ 1 hour and 40 minutes, multiparæ 1 hour, combined average 1 hour and 25 minutes. Third stage: primiparæ 19 minutes, multiparæ 16 minutes, combined average 17 minutes.

Rupture of the membranes.—Spontaneously in 88 cases, punctured in 12. Only when the non-rupture of the membranes delays the progress of labor are they interfered with. In two cases the child was born in a caul.

Hydramnion.—Case: registered No. 1657: M. M., white, æt. 28, multipara. Labor progressed very slowly, os dilated only sufficiently to admit two fingers. Excess of liquor amnii was diagnosed by Dr. Samuel H. Allen, who punctured the membranes. Some water escaped, the pains became very strong, the os dilated rapidly and the child was soon born, followed by about 3 quarts of amniotic fluid.

Umbilical cord.—Longest 35½ inches, shortest 10 inches, average 22¼ inches. Spirals in cord, from right to left 60 cases, left to right 23, straight 13, irregular 4; total 100. The cord usually contained from four to six varicosities, rarely any knots, and was in the majority of cases inserted into the placenta 2½ inches from its edge.

About 20 per cent. of the cases were in labor when admitted to the hospital. In one case delivery took place while we were assisting the patient up the stairway, the child being born while the woman was in the erect posture. The umbilical cord broke about 6 inches from the child's abdomen and was not ligated for some time, as there was no hæmorrhage. The child was uninjured.

Placenta.—Method of delivery: Credé method 87, spontaneous delivery 10, manual extraction 3; total 100.

Weight.—Heaviest, 1 pound and 14 ounces; lightest, 11 ounces; average 1 pound and 4 ounces.

Position when delivered.—Maternal side out 21 cases; fœtal side out, 79 cases; total 100.

For about one hour after the birth of the child, the uterus is kept firmly contracted by the hand of the nurse or physician, applied to the fundus. Out of the last 200 confinements at the Maternité, there has not been a severe case of post-

partum hæmorrhage. Bleeding from cervical, vaginal and perineal tears has occasionally been quite free, but has never been such as to cause any apprehension or give rise to any trouble. With the proper management of the third stage of labor, we maintain that severe post-partum hæmorrhage should rarely occur. In one case the placenta was of the normal size; 8 inches long, 7½ broad, ½ inch thick and had attached to it by a narrow band composed of blood vessels, a small placenta, 3½ inches long, two inches broad and ¼ inch thick. There was only one child in this case. Since January 24, 1890, the date of the first case included in this report to the time of writing, there have been four pairs of twins born in the hospital. In the first of these there were two placentæ with separate sets of membranes. In the second case there was one large sac the cavity of which was occupied partly by the first fœtus and its liquor amnii and partly by another bag of membranes containing the second fœtus and liquor amnii. A partition composed of four layers of membrane (amnion and chorion of each sac), separated the amniotic cavities in the last two cases. In the last three cases there was but one placenta in each case.

Perineum.—Ruptured to the 3rd degree 1 case, 2nd degree 20 cases; 1st degree 17 cases; intact 62; total 100.

Drugs used.—Ergot in 20, chloroform in 11, quinine in 5, no drugs used in 64 cases; total 100.

We never give ergot until the placenta has been expelled, and then only when there is hæmorrhage, or the uterus remains large and flabby, as after anæsthesia or very protracted labors.

In two cases the pains seemed to be increased by 15 gr. doses of quinine, though we have not used it in enough cases to claim for it any oxytocic properties.

Operations performed.—Forceps applied in 9, version in 2 cases.

Case: registered No. 1595, J. F., white, aged 23, primipara. Began to have convulsions January 25, 1890, at 12.30 A. M. Labor began at 10 A. M., same day. Simpson's forceps were applied to the head by Dr. W. J. Todd, at 9 P. M. after the patient had had fifteen convulsions. Child still-born. Mother continued to have convulsions and died January 25, at 12.55 P. M.

Case: registered No. 1619, E. M., white, aged 33, multipara. Child delivered by Dr. Rohé with Simpson's forceps, March 1, 1890.

Case: registered No. 1612: twins, L. J., black, aged 19, multipara. Labor began March 7th 1890, 12 M., and ended the same at 7.12 P. M. First child presented left sacro anterior and was born without any delay. Second child presented transversely. The patient was partially anæsthetised with chloroform and podalic version performed by Dr. Rohé, by introducing his hand into the uterus and securing the feet. The child was delivered alive without any difficulty.

Case: registered No. 1615: M. E. S., colored, aged 19, primipara. Fœtus presented right sacro anterior. Labor progressed very slowly. As there was evidence of uterine inertia and the patient was becoming exhausted, she was chloroformed and Dr. Rohé introduced his hand into the uterus bringing down the feet. The after coming head was stopped by the rigid perineum. Simpson's forceps were applied and the child delivered without lacerating the perineum. The child was apparently asphyxiated. The funis was ligated at once and the infant dipped in cold then in hot water, rapidly alternating. A towel was placed over its mouth and air blown into the lungs several times by the mouth-to-mouth method. Then the Schultze method was tried and in 30 minutes after the child was born it began to breathe. Mother and child discharged in good condition.

Case: registered No. 1624: M. B., white, æt, 17, primipara. Convulsions, death; child lived. Labor began April 25, 1890, at 9 A. M. and the first stage ended next morning at 7 A. M. At 9.25, April 26, patient had a convulsion, also had another very severe one at 10 A. M. Simpson's forceps were applied by Dr. Wm. S. Gardner, and the child delivered alive at 10.05 A. M. Patient had eighteen convulsions after child was born, and died next morning at 2 A. M.

Case: registered No. 1650: F. R., black, æt. 40, primipara, admitted May 22, at 9 P. M., having been in labor five days. Her history was as follows: She had been married 24 years and had never been pregnant. Twelve months before we saw her a physician dilated her cervix for dysmenorrhœa and soon after this she became pregnant. Labor began May 18. The child presented left sacro anterior. The labor dragged slowly on for five days, during which time three physicians had seen the case, but failed to deliver the woman. At the end of the 5th day she was brought into the hospital and at once chloroformed. The feet were brought down by Dr. Rohé inserting his hand into the uterus; while traction was made on the feet, pressure was made on the fundus uteri until the body was delivered. The head was so firmly engaged that traction on the feet failed to move it at all. Simpson's, Hodge's and Tarnier's forceps were applied in turn to the after-coming head by Drs. Rohé and W. S. Gardner, but all slipped. The hook ends of the Hodge forceps were now inserted, one into the right orbital cavity, the other into the posterior fontanelle. Steady traction was made several times, when the head and placenta came away at the same time. The child was dead when the woman came into the hospital. The third day after delivery the patient's pulse and temperature rose, the lochia had a very offensive odor, the uterus was large, tender on pressure and hard to outline. For three days M.xv of ergot was given every two hours. Vaginal douches of a warm solution of corrosive sublimate, 1-4000, were given three times a day and once a day the uterus was washed out with the same kind of solution, 1-5000, by means of Dr. W. S. Gardner's intra-uterine catheter. The pulse and temperature came down, the abdominal tenderness disappeared and the patient made an excellent and speedy recovery.

Case: registered 1647: L. M., white, æt. 36, primipara. Labor began June 27, at 11.30 A. M.; in 24 hours the patient showed signs of exhaustion. The pains were weak from the first, though the first stage of labor was ended in 22 hours. The natural powers were plainly unable to expel the fœtus, and, after chloroforming the patient, the child, which presented right occiput anterior, was safely delivered with Simpson's forceps by Dr. W. S. Gardner.

Case: registered No. 1682: C. B., black, æt. 18, primipara. Labor began August 19, at 8.50 P. M.; at 11.40 P. M. patient began to have convulsions. After the second convulsion Simpson's forceps were applied by Dr. Samuel H. Allen, and the child delivered alive at 1 A. M., August 20th. The mother had seven convulsions after the child was born, but made a good recovery.

Case: registered No. 1694: placenta previa, hæmorrhage; A. B., white, æt. 20, primipara. Hæmorrhage was noticed by the patient as soon as her pains began, which was on September 7th, at 1 P. M. It was quite profuse and coming from the os, which was dilated sufficiently to admit two fingers. The patient was put to bed, given bromide of potash and chloral, and the vagina tamponed by direction of Dr. Rohé. The hæmorrhage ceased. The child was lying transversely in the uterus. Next day the patient was chloroformed and cephalic version by external manipulation performed by Dr. Gardner. The tampon was removed, but the hæmorrhage did not recur, though the placenta was attached near the margin of the internal os. After version, the labor was allowed to go on naturally, but as

it was lingering, and the mother becoming quite weak, Dr. Gardner applied Simpson's forceps and delivered the child alive at 6.30 A. M., September 9th. Mother and child left the hospital September 25th in good condition.

Case: registered No. 1684: A. S , white, æt. 22, primipara. Pains began September 12th, at noon. They were quite severe, though the labor was slow and exhausting the patient's strength. The position of the child was left occipito anterior. On the morning of September 14th the child was delivered safely by Dr. Gardner with Simpson's forceps, which were on the head 20 minutes. On the second day after labor the patient's pulse beat 140 to the minute and the temperature rose to 101°, Patient complained of tenderness over the bladder and was unable to pass her water. The urine was offensive to the smell, of a whitish color, and was so thick it would hardly run through a catheter. The bladder was washed out twice through a soft rubber catheter, with a weak boracic acid solution, and immediately the pulse and temperature came down to normal.

There were four other cases of cystitis which were treated successfully in the same way.

Presentation and position of children.—Left occipito anterior 56 cases, right occipito anterior 34, right occipito posterior 3, left sacro anterior 3, right sacro anterior 2, right scapula anterior 1, left mento anterior 1; total 100. Born alive 97, still-born 4; total 101. One child died from umbilical hæmorrhage. The cord was tied by the nurse and the child wrapped in a blanket and placed near the stove, as it was a premature child and we had some difficulty in getting respiration started. In two hours after it was born the nurse took it out of the blanket and noticed the hæmorrhage. It had lost about an ounce of blood and died in half an hour.

Sex of the children.—Males 54, females 47; total 101. Of the four cases of twins alluded to above, only one pair falls within the 100 cases included in this report.

Sex of the twins.—First and second pairs, all males; third pair, 1 male and 1 female; fourth pair, both females. All were born alive.

Length.—Average length 19½ inches.

Weight of children at birth.—Heaviest, 10 pounds, 4 ounces; lightest, 3 pounds, 5 ounces; average, 6 pounds, 12 ounces.

At the end of the third day the child loses about 6 ounces, while at the end of the sixth day it weighs about the same as at birth.

Diameters of the fœtal head.—Occipito frontal 4½ inches, occipito mental 5⅓, sub-occipito bregmatic 3¾, biparietal 3½.

Circumferences.—Occipito frontal 13, sub occipito bregmatic 12, shoulders 12½; chest: expiration 11, inspiration 12½; hips 9½ inches.

It is not uncommon to find milk in the breasts of children soon after birth. It was present in seven cases: girls 4, boys 3. If the breasts become hard and the children restless, the breasts are rubbed with sweet oil and kept covered with warm wet cloths for a day or two. Two cases of infantile convulsions due to elongated and inflamed prepuce were cured by slitting the foreskin. Congenital hydrocele was noted twice.

Ichthyosis was present in one case. The child's skin was dry, shining and divided up into regular patches of scales, each scale being about ⅛ of an inch square. These scales would flake off freely, but there were large patches of them when the mother, a negress, brought the child back to the hospital for observation two weeks after it was discharged. Otherwise the child was all right. Wherever the scales had disappeared the skin was as dry and shining as at birth.

Icterus neonatorum was well marked in one case. It improved under minute doses of calomel.

Caput succedaneum in one case made a tumor on the occiput 3½ inches long; it disappeared in six days.

One child had six fingers on the right hand and another had six on its left hand. One woman had six toes on her right foot. There was an extra lobe attached by a thin pedicle to the left ear of one child.

Four children were tongue tied. The parents of one child were mutes, but it cried vigorously as soon as it was born.

Ophthalmia neonatorum.—There were three cases, two of which developed on the first day. The third was a case of ophthalmia simplex and under the use of simple astringent eye washes soon got well. Vaginal douches of 1-4000 bichloride of mercury were given to each of the mothers of the first two cases before the child was born and a 1 pr. ct. solution of silver nitrate dropped into the children's eyes as soon as they were born. In one of these cases the mother had several venereal warts on the labia and a decided case of specific vaginitis. There was one slight opacity left in the right eye of the first child and a small one in each eye of the child of the patient with the venereal warts. No eyes were lost. A one per cent. solution of silver nitrate is dropped into the eyes of every child as soon as it is born, and the vagina of the mother is thoroughly washed out with solutions of mercuric chloride during the first and second stages of labor, partly as a prophylactic measure against ophthalmia. Nitrate of silver, sulphate of zinc, boracic acid and iodoform are the drugs we use in the treatment of this disease. During the inflammatory stage, most excellent results are obtained from applying to the eyelids every three minutes small strips of muslin taken from a piece of ice. These applications are kept up for two hours at a time and made two or three times a day.

Syphilis in the mother.—A. J., colored aged 28, delivered of the seventh child, April 8th, 1890. The child was still-born. Six of her children were still born, the seventh one lived two weeks. Patient gave a clear history of syphilis and presented the characteristic lesions on different parts of her body.

Episiotomy.—Case: registered No. 1656, L. G., white, aged 21, primipara. Confined June 6th. In this case there was a very uncommon arrangement of the labia minora. They were continuous posteriorly forming a tough unyielding band which would not stretch sufficiently to allow the exit of the child's head from the vulvar fissure. After waiting half an hour episiotomy was resorted to by Dr. Allen and the child was born at once.

Fibroids.—Fibroid tumors were found on the uteri of two patients, one white and one black. In the former only one could be found while in the latter three were felt very plainly through the abdominal walls. All of them were small and did not interfere with labor. A small polypus was found growing from the cervix of a woman who had been a sufferer from menorrhagia and dysmenorrhœa some time before she became pregnant. It was torn off by the child during the second stage of labor.

Extreme after-pains.—A. H., Black, aged 22, multipara, confined Sept. 7th 3.53 P. M. The after-pains were very severe. The patient suffered much; she became violent, tossed herself wildly about in bed and screamed with each pain. She was chloroformed and a piece of membrane and blood clot were removed from the uterus by the hand. The pains became less severe and the patient slept that night without any hypnotic.

Albuminuria.—Eclampsia.—The urine of each patient is analysed the first day

after she is admitted, again on the first day after labor and also on the eighth day after labor. More analyses are made if the patient comes in two or three months before she expects to be confined or if any abnormal conditions point to renal disturbances. Albumin was found in the urine of 22 of the 100 cases. In six cases before and 19 cases after labor. In a few cases it was found before and after labor. In most of these cases the presence of albumin did not give rise to any disturbances of health, though in some the feet and legs were much swollen. There were four cases of convulsions—two of the women died and two recovered. A glance at the following summary will give the salient points in each case.

Case I.—Registered No. 1595: age 23, white, primipara; forceps used; delivered January 25, 1890; 17 convulsions before and 15 after delivery; no albumin present; treated with chloroform, jaborandi, morphine. Mother died, child was still-born.

Case II.—Registered No. 1624: age 19, white, primipara; forceps used; delivered April 26, 1890; 2 convulsions before and 18 after delivery; albumin present before labor; treated with chloroform, jaborandi, morphine, venesection. Mother died, child lived.

Case III.—Registered No. 1658: age 28, white, primipara; no forceps; delivered June 14, 1890; 4 convulsions after delivery; albumin after convulsions began; treated with chloroform, bromide, chloral; mother and child lived.

Case IV.—Registered No. 1682: age 18, black, primipara; forceps used; delivered August 19th, 1890; 2 convulsions before and 7 after delivery; albumin present before and after labor; treated with bromide, chloral, chloroform. Mother and child lived.

Results in the 100 cases: discharged well, 98, died of convulsions 2.

Clinical Notes.

A RATHER UNUSUAL CASE OF FŒTAL DEATH AND ABORTION.

BY GEO. E. HOTCHKISS, M. D., OF BARTON, MD.

Mrs. J. D., æt. 30, mother of 6 children, never had a miscarriage; has not menstruated for over 7 months. At first, after menses disappeared, had some nausea and the usual signs of pregnancy. After 3rd month began to enlarge, but never felt life after 5 months and enlargement began to disappear. The patient, a large, fleshy woman, began to lose flesh, though general health was fairly good. She and her mother, an old midwife of considerable experience, began to wonder what was the matter. "Change of life" was thought of, but the patient was considered too young for that.

On the evening of May 2nd she took a purgative pill and during the latter part of the night and the following day she suffered with what she called gripy pains. About 4 o'clock, P. M. (May 3rd), a slight discharge of a dirty clay color commenced, and an hour later a mass about as large as an ordinary fœtal head passed, which proved to be the fœtus, membranes and placenta, intact. The placenta had no appearance of having been recently detached. When opened, about half a pint of a liver-colored odorless liquid escaped, disclosing a fairly well-developed male fœtus 9½ inches long. The cord was very much twisted, was a little larger than a match-stick and was 2½ feet long. The fœtus and cord were a clay or

liver color, and the general appearance was much like a fœtus that had been in alcohol for some time. From first to last there was not a blood-clot or a particle of bloody discharge. It had evidently been dead for some time, perhaps two months, and I believe the placenta had been detached for some time. Patient had no bad symptoms afterward and rapidly recovered.

Society Reports.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

MARCH MEETING.

The President, Dr. Henry M. Wilson, in the chair.

Dr. Howard A. Kelly read a paper upon the technique of the Cæsarean section, described in a series of steps, from the selection of the case, down to the after-treatment. The relative and absolute indications were described. The Porro operation was rejected, excepting under special peculiar circumstances; for example, when there was good reason to suspect septic infection, as after prolonged efforts at delivery, at turning, or the use of the forceps, also in cases of large tumors occupying the body of the uterus, or in some cases of cancer or in uncontrollable hæmorrhage from the placental site. Thus limited, the conservative operation and the Poro operation are mutually exclusive, not occupying the same field; It is a serious surgical error to mutilate a women by performing the Porro operation were special indications do not exist.

The mortality of the Porro operation is fully as great and probably greater than that of the conservative. In a healthy case, free from sepsis, with unruptured membranes, it is not necessary to deliver the uterus from the abdomen before incising it and delivering the child. It is rarely necessary to use any constricting ligature around the cervical end of the uterus. Excessive hæmorrhage from the placental site or the margin of the wound can very well be temporarily controlled by constricting the cervix with the hands of an assistant.

The uterine suture consists of deep sutures, embracing the peritoneum and muscularis, but not the decidua. About ten such sutures are needed. Between each of these deep sutures, half deep sutures can be passed, securing perfect coaptation of the peritoneal surfaces. The sero-serus sutures are not necessary in cases free from any suspicion of infection. In such clean cases, the uterus is dropped back into the abdomen and covered with the omentum. If there exists a slight suspicion, it is of advantage to draw the omentum down behind the uterus thus favoring the discharge of any septic material through the lower angle of the wound. Drainage of the pelvic cavity cannot be efficiently carried out. The abdominal wound must be concealed by a dressing made of woven cotton dissolved in alcohol and ether, containing one part bichloride to 16,000. A little strip of gauze is laid over the wound saturated with the solution. This adheres, until it is time to take the sutures out, concealing the wound, and prventing contamination from the outside much better than many layers of gauze cotton. The baby should be allowed to nurse as soon as the mother has thoroughly recovered from the anaesthetic. The vagina should not be douched out as a matter of routine. The vaginal outlet should be secured from the introduction of sepsis from without by separating the labia and throwing into the vulvar orifice a drachm of pow-

dered iodoform and boric, (1-7). A cotton pad loosely applied to the vulvus should be changed as often as soiled by the discharge. The patient thus passes through a perfectly normal puerperium.

Dr. Chas. P. Noble: In the technique of the operation laid down by Dr. Kelly, reference has been made to typical cases. In such cases I agree entirely with what he has said. But all cases are not typical. I will report an unique case upon which I did the Cæsarean section recently. Dr. Kelly had operated in a previous pregnancy. As a result of the first operation there remained a fistula opening from the uterine cavity through the abdominal wall. Notwithstanding this fistula she became pregnant, and for several weeks the amniotic bag protruded into the opening, so that there was nothing between the fœtus and the outer world but the thin amniotic sac. This sac ruptured at the thirty third week. The woman had a generally contracted pelvis; besides having a large mass of tissue behind the cervix, left from her previous Cæsarean labor. Had spontaneos labor been possible, the fœtus would have escaped through the fistula and not per vagina. In view of the conditions I thought Cæsarean section preferable to delivering the mutilated fœtus per *vias naturales*. The finger was inserted into the uterus through the fistula and with this as a guide the incison was made through the utero-abdominal region. Sufficient room not being afforded for delivery the peritoneal cavity was opened and the uterine incision lengthened. The living fœtus was then delivered. The placenta and membranes were firmly adherent and were slowly pealed off. To control bleeding during this time it was necessary to insert the uterus through the abdominal incision—to enable the assistant to grasp the lower segment. The patient passed through a perfectly normal puerperium and is now quite well, and soundly healed. This case is entirely unique in its conditions and in the technique of the operation.

Three cases of Cæsarean section have been observed by me, all having made good recoveries. When the operation is done at the proper time, and after the method described by Dr. Kelly, I am sure this result will be quite uniform. The essentials of success are: 1, Operation at the proper time, before labor, or at the beginning of labor. 2, Rapidity in operating. 3, Accurate suturing. 4, Asepsis.

With reference to suturing, I believe that the Lembert suture as ordinarily described is purely theoretical. The peritoneum, will not hold a suture. Operators have unconsciously included the deeper tissues in the so-called Lembert suture. An important point, not generally recognised in this country, is that the diagnosis, should be made in the last weeks of pregnancy, and under ordinary circumstances, the operation be decided upon and done at the close of pregnancy before labor setsin, or immediately thereafter. I would not do the modern Cæsareansection in a case which had been tampered with by efforts to deliver with the forceps or by version; but in such cases would prefer the Porro operation. In Philadelphia in the last four years, twelve Cæsarean sections have been done, and ten mothers have recovered. One that died had pneumonia at the time of the operation. The other case was one in which the surgeon at the same time removed a fibroid tumor.

Dr. B. B. Browne: I think all the procedures recommended are in the main correct, and are in accordance with the rules and suggestions laid down 5 or 6 years ago by Garrigues, Sænger and Leopold; these should be carried out in ideal cases, but unfortunately we meet with many complications which must be dealt with as they occur. Having recently performed the operation myself and looked

up the literature and technique of the subject, I was surprised to find that we can to-day make but little improvement or change for the better. In 1886 Sænger had operated four times, saving all the women and children. Dr. Leopold had operated nine times and lost one women saving all the children.

Dr. T. A. Ashby: I wish to congratulate Dr. Kelly on his brilliant success with the Cæsarean section. This success is convincing proof of what can be done when the section is instituted under proper conditions and at a proper time. The future of the operation rests upon a proper and judicious selection of the case, and upon an immediate resort to the section before other methods of delivery have been attempted and abandoned. I doubt whether the Cæsarean section under such conditions will give a higher mortality than the ovariotomy of ten or fifteen years ago. The technique of the section is simple enough and certainly its mechanical execution is not as difficult as that necessitated in the removal of many conditions of tubal and ovarion disease. Hemorrhage is not large, and it is easily controlled. Septic processes should not follow if strict aseptic precautions are observed. The progress of the section as a substitute for other methods of delivery, rests upon an early and clear recognition of the pelvic measurements and a prompt acceptance of this method as the proper procedure in the given case When this is done the success of the section is not compromised by unfortunate interference in other directions. When we have obtained the statistics of this class of cases, we are in a position to compare the mortality of the section with other operative methods.

Dr. W. P. Chunn: I did not hear the first part of the history of the case, but think I would have removed the ovaries or tied the Fallopian tubes to prevent future conception. It is hard to say just what operation should be done.

Dr. Noble: In doing a Cæsarian section I would not touch the ovaries and tubes, as Dr. Chunn speaks of doing, but would do nothing to prolong the operation. Tying of the tubes would probably cause salpingitis. This objection is purely theoretical. So far as I know, this has been done only twice,—once in England, and once in America.

Dr. Brinton: I have been for some years interested in measuring the pelves of women. Very often we go to labor cases without knowing anything about the condition of the pelvis. With the hospital surgeon who has the best facilities the Cæsarian operation will undoubtedly be the best in cases of extreme pelvic contraction. But with the average practitioner what is best? I think that with these physicians that craniotomy will hold the place. In speaking of craniotomy holding its place," I referred to those cases of pelvic contraction where the child could be extracted without harm to the mother, say from $1\frac{3}{4}$ to 3 inches.

Dr. T. A. Ashby: I must offer an apology for presenting a series of experiences which are familiar to all who have done much intra-abdominal work. I have brought these charred remnants of tubal and ovarian inflammation before the society to invite discussion, not to exhibit anything original. They represent nearly every phase of intra-pelvic inflammations and illustrate the various degenerative conditions which are found in the pelvis after an inflammatory fire has passed over these tissues. Of the nine specimens here presented, removed from the same number of cases, no two are alike. In one case the tube has received the brunt of the attack; in another the ovary is involved in abscess cavities, whilst in a third both tube and ovary are tied up in a knot by adhesive inflammation, and so on through the series. The clinical histories of these cases would be exceedingly interesting did time admit of a recital, but I shall not tax your patience with details. We have the same old story of these cases, save two—one the large

specimen of a tubal sac of uncertain origin, probably an interrupted tubal pregnancy of long standing, and the other the remnants of a catarrhal salpingitis and ovaritis with intra-pelvic adhesions. Of the other seven specimens the origin of the condition is of chief interest in this connection since they explain to my mind the essential factor in the production of the specimens here presented. Each of these women had borne one or more children; in each case the history of the intra-pelvic trouble dates from the last lying-in period, which was accompanied with mild or severe symptoms of child-bed fever. In each of these women there was old lacerated cervix, in some more pronounced than in others. The histories of these cases, so far as they can be made out and can be interpreted, tell the simple story. During labor a cervical tear occurred. In this wound septic material gained a lodgement, a septic process was established, which extended from the cervix to the cavity, from the cavity to the tubes, and from the tubes to the intra-pelvic peritoneum.

The severity of the symptoms in each case must have borne some relation to the septic process and to the tissues involved, though no way is offered for verifying this statement. We simply find the results in general destruction of the tube, or ovary, or of both, and the inference is that drainage was secured and pus escaped, leaving no remnants of this character behind except in two of the specimens in which I found pus cavities in the ovary containing each a drachm or more of pus.

These cases illustrate the fearful havoc which a septic process following parturition may occasion among the pelvic organs. "A little fire kindleth a mighty conflagration" is literally true in more respects than one. In an experience with other cases I have observed this septic process in its very beginning when limited to the cervix and cavity, and I have seen a lying-in woman's temperature fall from 103° to normal within twelve hours after thorough cleaning and disinfection of the cervix and cavity in these cases and complete arrest of the process before the tubes were involved. In another case I have seen tubal and general pelvic-peritonitis in active force following immediately the infection in the cervix and the cavity. This experience convinces me, despite all other theoretical teachings, that we have in the lying-in state an explanation of those intra-pelvic diseases which render the lives of so many women useless and oftentimes utterly miserable. How is it necessary that the lying-in period should be surrounded with extra hazard, high temperature, and severe pain. A septic endometritis following parturition may run a very mild and low grade course and still result in sub-involution, salpingitis, pelvic adhesions, and other intro-pelvic conditions which impair the normal functions of these organs. The lesson clearly taught by each experience is that aseptic conditions should be enforced in every case of labor that the least suspicion of sepsis should lead to immediate investigation of the uterine cervix and cavity with a view to thorough cleaning and arrest of the septic process. If this be done, as I have done it in a number of cases seen with medical friends in consultation, we can cut short a sepsis and arrest a condition which will surely extend to the tubes and pelvic peritoneum in the absence of prompt attention.

Dr. B. B. Browne: The fact that laceration of the cervix is so frequently found in married women suffering from tubal disease is, I think, because the purulent discharge from the uterus passing over the torn surfaces prevents their union, while the septic material also extends to the tubes; when there is no septic material in the uterus the lacerated surfaces readily unite, and the tubes are not affected

Dr. J. Whitridge Williams: The specimens exhibited represent a class of cases that are very common, and which will become more so as we become more expert in bi-manual examination. Indeed to a skillful palpator it almost seems that the majority of women examined have more or less tubal or ovarian disease. The specimens are particularly interesting to me because I have studied carefully the pathology of a large number of similar cases. The etiology in many cases is doubtful, but most observers appear to cling to Noegerrath's theory of latent gonorrhoea. Examination of the pus in cases of pyosalpinx brings forward most interesting facts. For in most cases it is impossible to discover any species of bacteria, either under the microscope or by culture methods, which shows that the bacteria which caused the trouble have long since died, for closed pus cavities are not particularly favorable for the growth of organisms. In two cases we found undoubted gonococci, and in a case following an imperfect abortion, the streptococcus and in another case the staphylococcus aureus.

Clinically the cases due to the pus organisms are much more acute and virulent than those due to the gonococcus. These results correspond with those of Zweifel, of Leipzig, who has just published his observations. He also found the gono- and streptococcus, but not the staphylococcus. In one of his streptococcus cases the subject was an undoubted virgin, and he accounted for the infection by an abscess following an attack of typhoid fever some years before.

Dr. Ashby speaks of the relation of lacerated cervix to salpingitis, etc. I cannot consider it a factor in the production of the disease, and regard it merely as a coincidence. If it were a potent factor in producing the trouble we should find salpingitis and pelvic adhesions far more frequently than we do now; for we must remember that in most women there is more or less laceration of the cervix during labor. Moreover this cause is certainly inapplicable to the frequent cases occuring in multiparous women, and especially in virgins. A close study of the clinical history of a number of cases inclines me to believe that the majority of cases follow infection during labor or after an incomplete abortion; for in many cases it is impossible to obtain even a history of leucorrhœa before the labor, which would apparently exclude gonorrhœal infection. By infection during childbirth I do not necessarily mean the cases in which we have well-marked puerperal fever, but the milder degrees of infection as well; for most of the cases of so-called milk fever are due to infection and may give rise to serious results.

Zweifel on the contrary, who has just published a remarkable series, 79 salpingo-oophorectomies, with only one death, believes in the gonorrhœal origin of most cases. Saenger traces most of the cases in virgins back to a gonorrhœal salpingitis during childhood, which has persisted and ultimately affected the Fallopian tubes. While I do not feel justified in subscribing to this view, I can say that it is quite probable. For lately I have seen a number of cases of undoubted gonorrhœa in little girls of from two to seven years of age, in which there was no suspicion of criminal action.

In eight cases of vaginitis in little girls which I have examined, I found gonococci in six of them. In several, the mode of infection was quite clear. In one case the husband acknowledged an attack of gonorrhœa with which he infected his wife during her pregnancy, and each of the children born after it had opthalmia neonatorum, followed when they were older by gonorrhœal vaginitis. In another case, an older brother had gonorrhœa and his two little sisters used his towels for bathing. These remarks will show that the vaginitis of little children is not of strumous origin as generally supposed and that it demands a more active treatment than is generally employed; especially when we consider its possible consequences.

Dr. Brinton: I can corroborate the views of Dr. Williams in regard to the specific origin of the cases of vaginitis in children. Having recently treated first, the father with gonorrhæa, later the mother, and within a fortnight from the time the father consulted me, was called to see the little daughter, aged four, with a severe "vaginitis" which yielded to the usual treatment in about the usual time, my experience has been that if a child is found with a "vaginitis" close investigation will prove that some older member of the family has either a "urethral" or "vaginal" discharge.

Dr. Noble: Dr. Ashby has brought up so many points that it is difficult to know what to take up. It is now the fashion to call all unilateral collection of blood extrauterine pregnancies. But I have recently had a case that proved not to be a pregnancy. With reference to the uterine hemorrhæge coming from the tubes, we do not know as a fact that it is possible for blood to come from the tubes. This was common to all in the days when the stump was treated by the extra-peritoneal method in doing ovariotomy. I am quite sure that gonorrhœa has been the cause of most of the cases of pyosalpinx that I have seen, and I think that the cause of salpingitis in young women is often some simple infection. Many cases of dysmenorrhœa in young women are due to salpingitis. In such cases it is unnecessary to question their chastity. I agree with all the speakers in reference to the relation of lacerated cervix to salpingitis. Where there is a laceration there is frequently an endometritis and there is no reason to think that it may not follow out into the tube. I believe firmly in the great value of the drainage tube and use it in almost every case. When properly cared for it is practically free from objection, while being of most positive advantage in allowing the escape of serum and blood.

Dr. H. P. C. Wilson: I did an explorate laporotomy for a fibro-cystic tumor. In the manipulation I found great tendency to bleeding, and as I could not get at the ovaries nor remove the tumor without causing death, I closed the abdomen. She got on well for 14 hours, when she became very feeble, heart and respiration very weak. She was put upon digitalis and muriate of quinine and urea, but it did no good. The heart became so weak that the pulse could not be felt. I then began with five minims of tincture of strophanthus every three hours, ether minims xxv hypodermically every three hours. The pulse became stronger, 125 to the minute, and she felt better. The next day she became unconscious, pupils dilated, face flushed, pulse 120, temperature normal. The medicine was withdrawn, but she remained in this condition about 24 hours. To-day she is better —consciousness returning, pupils contracting. I have had no experience with the poisonous effects of strophanthus.

712 N. Howard St. WILLIAM S. GARDNER, Secretary.

The foundation stone of the projected Langenbeck Haus was laid in Berlin, by Professor Tirsch, on April 4th. This memorial to von Langenbeck is of the most enduring and highly practical kind. As its name may indicate it is not to be a hospital or invalid home, but rather a medical club house—a general meeting place containing lecture room, library, reading rooms, refreshment rooms etc. It appears that the idea originated with the late Empress Augusta, who gave much interest and attention to medical matters and whose wisdom in this connection of von Langenbeck's memorial certainly is not to be gainsaid. The last day of the recent German Surgical Congress was set aside for the ceremonies attendant upon the corner stone placing, and the members of that body, together with State dignitaries and representatives of royalty, were present.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor. JOSEPH E. GICHNER, M. D., Associate Editor.

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BALTIMORE, MAY 16, 1891.

Editorial.

INTUBATION OF THE LARYNX.

On account of the costliness of the intubation tubes and the great skill and extensive practice necessary for success in introducing them properly, it is evident that but few of our surgeons and physicians will undertake the operation of intubation, or be able to form an intelligent opinion of its usefulness.

The general practitioner, however, who wishes to be acquainted with every method of relief which may be of value to his patients, will read with interest two articles in this connection which are found in the *Archives of Pædiatrics* for January and March 1891; one by Dr. Brown, an intimate associate of Dr. O'Dwyer, the inventor of the tubes, treating of the proper construction of the tubes and giving a report of three hundred and fifty cases so treated by Dr. Brown; the other by Dr. Bleyer, containing a record of the results of five hundred and twelve cases of intubation performed by him since 1886.

Dr. Brown claims that, according to Dr. O'Dwyer's and his own experience "it is an impossibility for an instrument-maker to copy a perfect tube unless the details of its construction are explained to him, and, after this explanation, it is only with the greatest care, and after many failures, that they succeed. Therefore it is not surprising that the great majority of the tubes in use are imperfect and crude. Most of them will certainly do harm, and many of them will involve the life of the patient in great danger." He traces the evolution of the tube, as it was worked out by Dr. O'Dwyer, illustrating his remarks by many beautiful cuts of the tubes and also of the instruments used in introduction and extraction. His favorite instrument-maker, whom we may suppose to be especially skilled in the construction of the tubes, is George Ermold, of New York City. The dimensions of the tubes are very minutely recorded. The most common defects observed in ill-constructed tubes found in the market are: failure of the head of the

tube to bend away from the epiglottis, thus avoiding ulceration or perforation of the base of this structure; roughness of the inner walls of the tubes, which favors the accumulation of the secretions, sharpness of the lower edge of the tube, which cuts into the anterior wall of the trachea at each act of deglutition, the existence of sharp edges on the head of the tube, and failure of the upper and anterior portion of the tube to round off properly.

As far as he knows every "modified O'Dwyer's tube" has radical defects, and every real improvement in the tube has emanated from the original invention. The Stoerck tube has several glaring faults; the bivalve principle of Sajous has been tried and rejected by O'Dwyer, whose first tubes were of this form. Dr. Hoadly's suggestions are dangerous, and his "deep-tubing," as well as the use of Waxham's "artificial epiglottis" are unnecessary, now that Dr. Casselberry has shown that swallowing is easy in the proper posture, with the child on his back, with head low. Tasher's tubes have many defects.

Dr. Brown believes that the great majority of deaths reported as resulting from the pushing down of membrane have really been due to apnœa from prolonged and unskillful efforts at introduction or to asphyxia from forcing the tube through a false passage. He dwells with horror on the thought of a doctor spending half an hour or more in trying to pass a tube into the larynx of a frightened, cyanotic, blood-smeared child. A skilled operator can do it in a few seconds with ease.

The article by Dr. Bleyer begins with a history of the numerous imperfect attempts which have, since the time of Hippocrates, been made to utilize intubation of the larynx and trachea in diseased conditions of those parts. It then proceeds with a careful and very suggestive description of the method in which Dr. Bleyer pursues in the intubation of patients, giving many important details which are omitted from other articles on that subject. The preliminary spraying of the surfaces with cocaine; the fixation of the base of the tongue, and the steadying of the rebellious epiglottis against it; the careful examination of the larynx with the mirror before intubation, so that membranes which would be pushed down before the tube, may be removed before it is introduced; the daily removal of the tube and thorough irrigation of the nares, pharynx and larynx; the careful directions given concerning feeding; and many other details of importance, indicated that Dr. Bleyer is a cool and careful operator—one who is not afraid of a diseased larynx, but feels perfectly "at home" in the management of this organ, in even its most terrible disorders. This article, more than any we have read, leads us to believe that intubation has great possibilities before it.

After giving a table of the results of his five hundred and twelve cases, Dr. Bleyer proceeds, in conclusion, to a brief enumeration of the other conditions in which intubation is useful, such as operations on the pharynx and larynx where great hæmorrhage is feared, œdema of the parts about the larynx; conditions in which hurried tracheotomy is necessary,—a combined method; hindrance to the laryngeal functions from cancerous or non-malignant growths; and the dyspnœa of pharyngeal and laryngeal phthisis.

MEDICAL LITERATURE AND PHILOSOPHY.

Our esteemed contemporary, the *Journal of the American Medical Association*, gave in its issue of May 2nd, an excellent editorial on the above topic. We readily concur in the idea that our literature needs more logic and rhetoric, but there is the great mass of readers who would not appreciate and in many instances could not value highly scientific and philosophical works on medicine. Even in the domain of medical literature the supply is governed by the demand. That we have men in the profession of this country, who could fill this want we do not doubt, and from the appearance of some of our journals and latest books we can see that there is a gradual improvement.

A more philosophical medical literature would be produced and appreciated if our physicians had a thorough classical education, which serves to rouse and develope the faculties of deep thought and reasoning; an education acquired before entering upon the study of medicine which would then appear to them in a different light. The great opportunities afforded in the study and practice of medicine, for gaining insight into the workings of mind and matter would be the more readily used and while not necessarily making the better educated physicians less practical it would make them more scientific and philosophical.

THE SHEPPARD ASYLUM.

Many of our readers have almost forgotten and others are not aware of the fact that for almost 30 years there has been in the course of erection on the Maryland Central R. R., in the vicinity of our city beautifully situated, an asylum which promises to be a model one in every way. We had recently the opportunity of visiting the place and heard the reasons of the retarded growth as due to the provisions of the benefactor, the late Mr. Moses Sheppard, that the interest only, of the sum of over a half million dollars should be used in buying ground, erecting the buildings and maintaining the asylum.

Mr. Sheppard has made wise selection of his trustees, who have been very faithful in the discharge of their duties and to them great credit is due for their work. The plan of the benevolent founder, that this should be an experimental establishment with all provision for the most careful observation and study of the individual cases will be adhered to, and Dr. Edward W. Brush, its able and learned medical superintendent, who is so highly recommended, will have ample opportunity for the further developement of the knowledge in mental diseases and further improving the methods of treatment. Brain Physiology and Brain Pathology is in its developmental stage and in an institution with such endowments much work can be done that will have a far-reaching influence. The asylum will probably be ready for reception of patients in the fall.

Reviews, Books and Pamphlets.

A Review of the Pepsin Question. By Dr. Carl Friedrich Witte. Rostock, Germany. Reprint from "Notes on New Remedies," issues of February and March, 1891.

Postal Savings Banks. An argument in their favor by the Postmaster General. Washington, Government Printing Office, 1891.

Practical Notes on Urinary Analysis. By Willian B. Canfield, A. M., M. D. Published by Geo. S. Davis, Detroit, Mich., 1891. Price 25 cts, cloth 50 cts.

Among the many useful little books which appeared in the series of the Physicians Leisure Library, this one is of value, especially to the busy practitioner. While containing nothing new the subject is treated in a very concise way and represents the views of the best German authors on urinary analysis.

The Chair of Surgery in Rush Medical College. By N. Senn, M. D., Ph. D. Reprint 1891.

Transactions of the American Ophthalmological Society. Twenty-Sixth Annual Meeting, at Hotel Kaaterskill, July, 1890.

These Transactions consist of a series of papers upon different parts of ophthalmology by the members of the Society. The papers are all of a high order of merit. Those of most general interest are the following: "The Therapeutic Effect of Prisms in Ophthalmic Practice," by Dr. Henry D. Noyes, of New York; "Report of the Committee on the Causes and Prevention of Blindness," by the chairman of this committee, Dr. Lucien Howe, of Buffalo, New York; "Simple Extraction of Cataract without Iridectomy," by Dr. C. S. Bull, of New York; "Transient Amblyopia with Bitemporal Hemianopia in a Case of Malarial Cachexia," by Dr. Geo. C. Harlan, of Philadelphia; and "An Analysis of the Ocular Symptoms found in the Third Stage of General Paralysis of the Insane," by Dr. Charles A. Oliver, of Philadelphia. Two other papers which will command the careful attention of the oculist are by Drs. B. Alexander Randall and Edward Jackson, both of Philadelphia, the former being an enquiry into the question, "Can Hypermetropia be Healthfully Outgrown?" and the latter upon "Progressive Hyperopic Astigmatism." Excellent plates are given to illustrate different articles, and the proceedings, as a whole, form an attractive volume.

Thirty-third Annual Announcement of the Long Island College Hospical, Brooklyn. 1891.

Medical Progress.

CASE OF HERMAPHRODITISM.

M. Polaillon (*Bulletin ge l'Acad. de medicine* April 7th, 1891), examined in 1887, a person aged 27, believed to be a woman, with soft skin and no beard; the voice, sexual instincts, and general tastes were all of the female type. The breasts were well formed. No trace of anything like menstruation had ever been noted. The vulva was perfectly normal, the clitoris and meatus urinarius free from any unusual developement. The vagina was a depression, not four-fifths of an inch deep when pressed inward. No trace of a uterus could be felt on

recto-abdominal palpation. Each inguinal canal held a tender, firm body; the left, which was the smaller, was completely reducible. This person afterwards led an irregular life. Constant attempts at coitus greatly deepened the rudimentary vagina. In October, 1890, the patient entered the hospital, destitute and sinking from albuminuria. The vagina was as long as the forefinger, and its tegument borethe character of mucous membrane. After the patients death, the organs were carefully dissected. A recto-vesical peritoneal pouch of the male type was discovered. Below its reflection, and just in front of the blind end of the vagina, in the median line, was a mass of plain muscular tissue of the form of a haricot bean, and bearing none of the element which distinguished the uterus or prostate. Two cords proceded from this mass to the bodies in the inguinal canals, which proved to be true testicles. They were covered by a true tunica albuginea; the tunica vaginalis was perfect on the right side, but illformed (yet quite cut off from the peritoneal cavity) on the left. Both glands bore all the internal character of testicles, but the epithelium lining the tubuli seminiferi was atrophic. Thus in this hermaphrodite true testicles existed, yet in all other respects (save that there were no uterus and tubes, and no catamenial phenomena), the subject was a female.—*Brit. Med. Jour.*

A STUDY OF CONSANGUINEOUS MARRIAGES.

There is a little commune, known as Fort Mardick, on the extreme northern coast of France, where nearly all the inhabitants are related to each other, almost all of them having sprung from four families who settled the place originally. As their neighbors were of a different race and language (Flanders), it is very probable that most, if not all, of the early marriages in the community were among blood-relations, and even now twenty-four per cent. of the marriages are between cousins of not more than two removes. Such a community ought to furnish valuable material for the study of the effects upon the offspring of consanguinity among the parents, and, indeed, the study has been made by Drs. Louis and Gustave Lancry, a reference to which we find in *L' Union Médecale*, No. 24, 1891. These observers found that there had been sixty-three unions of this sort from 1882 to 1886, or more than twenty-four per cent. of the entire number—a very large proportion indeed, considering that the percentage for the whole of France is less than three. Inquiry was made concerning each of these families, with the result of revealing only two defects in the children. In one family there was a deaf mute, and in another an idiot. The deaf-mute had lost his hearing at the age of three years, but previous to that time had been able to talk as well as other children of his age. The mother of the idiot had met with a terrible accident whereby she nearly lost her life while she was carrying the child, a fact that would probably have been accepted as a satisfactory explanation of the defect in case the parents had not been related.

The Drs. Lancry also endeavored to learn what effect, if any, consanguinity had upon fecundity. They found that, of the total number of marriages in the commune between the years 1882 and 1886, 10.4 per cent. had had but one child. Of the consanguineous marriages 16 per cent. were without fruit, and in 7.95 per cent. there had been one child.

As a result of their studies the authors come to the conclusion that the marriage of blood relations tends to the diminution of the birth-rate, but that it has no prejudicial influence upon the children that may be born in such unions.—*N. Y. Med. Rec.*

RESPIRATION AND THE CARDIAC IMPULSE.

It is a well known fact, which is stated in all text-books, that the cardiac impulse changes its position with expiration and inspiration. By most authors this is considered to be due to the movement of the diaphragm. Eichhorst says, in his text-book of clinical examination, that if by any means the movement of the diaphragm is paralysed, the changes in position of the heart's apex no longer occur. Riegel and Tuczek observed some cases in which during inspiration the apex beat became stronger and more perceptible, whilst the reverse took place with expiration. After death adhesions were found between the pleura and pericardium. Eichhorst has also recorded a case in which the same symptoms were noticed when a diffused bronchial catarrh was present, being especially severe in the anterior and lower part of the left lung. In accordance with the theory generally accepted, these phenomena are difficult to explain, but Dr. P. E. Livierato brings forward some observations which seem to show that the explanation of the variations in the position of the cardiac impulse with respiration is not, after all, the correct one. After describing the apparatus employed in his investigations, he gives the following conclusions at which he has arrived: (1) The heart may undergo, under normal circumstancee, considerable changes in its position, which are due to extraordinary movements of the lungs in respiration; (2) in ordinary respiration these changes are not appreciable; (3) the alterations in position of the heart are brought about chiefly by the increase in size of the lungs with inspiration, especially the left; (4) the influence of the diaphragm is only secondary; (5) the same changes of position of the heart can be produced in the dead body by artificial respiration when the diaphragm has no action; (6) in forced inspiration the heart moves to the right, downwards, and forwards; (7) the greatest changes are noticed when the subject is in a sitting position; (8) the movement of the heart to the right is more marked when the expansion of the right lung is prevented by some pathological condition; (9) the movement towards the right is always the one most easily observed, next the downward, the anterior movement being the least; (10) Dr. Livierato claims that such cases as were quoted above—namely, those of Riegel, Tuczek, and Eichhorst, add additional support to his theory; for in these cases the forward movement becomes very marked, since, owing either to the pleuro-pericardial adhensions or to the infiltration of the lower part of the lung, when a deep inspiration is taken the lung tends to push the heart apex more to the front, and consequently accentuate the anterior movement. It is to be concluded from this that this phenomenon is not diagnostic of pleuro-pericardial adhensions as Riegel and Tuczek maintained.—*Lancet.*

REMOVAL OF THE GASSERIAN GANGLION FOR SEVERE NEURALGIA.

Mr. William Rose reports in the *Lancet* a case in which he performed the operation of removal of the Gasserian ganglion. The patient had previously submitted to several operations on the branches of the fifth nerve for the relief of intense neuralgia, but the relief obtained was only partial and temporary. Finally the pain in the upper jaw and cheek became so intensified that the slightest touch upon the gum, the sudden approach of a person, or the banging of a door sufficed to induce a paroxysm of agony. Opiates had practically no effect, so that an attempt to remove the Gasserian ganglion was decided upon. The superior maxilla was removed and a ring of bone about the foramen oval was carefully taken away with a half-inch trephine. The ganglion could then be seen lying upon the apex of the petrous portion of the temporal bone. It was loosened by passing an aneurysm needle beneath it, and removed in three or four pieces with the aid of

a narrow probe-pointed bistoury and a fine hooked forceps. The dura was not injured and the bleeding was slight. The patient suffered somewhat from shock, but recovered, and now considers herself in better health than she has enjoyed for years. The pain ceased after the operation, and did not return. More than six months after the operation sensation and taste were practically absent from the right half of the anterior portion of the tongue, but distinctly present posteriorly. There was circumscribed anæthesia, with wasting of the muscles of the right cheek. There was no paralysis of the facial nerve. An unfortunate accident after the operation was the loss of the right eye from opthalmitis.—*N. Y. Med. Jour.*

GOOD POINTS FOR STUDENTS AND DOCTORS.

Dr. W. H. Steele, in *Items of Interest*, says:

Our colleges will turn out an unusually large number of graduates in the spring, who undoubtedly expect to locate in some Canaan of promise and build up a practice. It shows push and pluck for a young man to strike out for himself, much more so than to buy out a practice or partnership. We all, who have tried it, know it requires many things besides a sheep-skin to successfully conduct a practice. I will give a few points, many of which I have learned from sad experience, so that others may profit by my errors and losses.

Don't neglect your business.

Don't misrepresent anything to get business.

Don't try to economize by using cheap material or poor instruments.

Don't make any promises, either financial or professional, that you cannot fulfill.

Don't lock your office during office hours to go off on a frolic, or to attend to any side show, or for any other purpose that can be avoided.

Don't try to tear down a competitor's reputation on which to build your own; it makes a rotten foundation.

Don't forget that the poor have feeling, as well as the rich, and are just as deserving of respect and your best services.

Don't be cross to the little ones; some day they will be men and women, and they will remember you for good or bad.

Don't fail to take several good journals, and to keep yourself posted on all new instruments and improvements.

Don't buy a bill of goods because they are cheap or you can get time on them. Do a cash business, and be a cash customer to every one. It will wonderfully enhance your reputation in the community.

Don't repeat some slanderous story that may have been told you by some talkative person while operating for them.

Don't let a "good enough job" go out of your office; do your very best every time for your patient. By this means you will improve your work, improve your patronage, and improve your bank account.

Don't fail to be prompt in collecting and paying your bills, if from any cause you feel oblidged to give or receive credit. By so doing you will gain and keep the confidence of all.

Don't use tobacco in any form; it is certainly of no benefit to you, and, to say the least, will work you harm physically, morally and financially.

Don't use intoxicating liquors, for intemperance is the rock on which many a good practice has been stranded, and any indulgence leads to excess.

Don't forget there will come a time when your eyes will grow dim, and your hand loose its cunning. It is when you are young, healthy and prosperous that

you should lay aside something to fall back on in sickness and old age, and when you will be glad to be able to reflect that you are leaving a busy, bustling world better for the part you have played in it. A serene, satisfied old age, well provided for, must be delightful.—*Cincinnati Medical News.*

Medical Items.

A case of leprosy, in the person of a Greek pedler, is said to have been discovered in New York City.

The West Virginia Medical Society meets at Fairmont, W. Va., on the B. & O. R. R., May 20, 21 and 22.

Dr. Hobart Amory Hare has been elected Professor of Therapeutics in Jefferson Medical College, to succeed Dr. Bartholow.

Dr. John Frederick May, an eminent physician of Washington, died on May 1st, of pneumonia, in the ninety-ninth year of his age.

Dr. W. H. Bolling, one of the most prominent physicians in the South, and dean of the University of Louisville, died May 5th. He was fifty-one years of age.

Dr. Sylvester H. Hunt, of Long Branch, N. J., died on May 5th, aged fifty-four. He was born in Troy, N. Y., and graduated in medicine at Jefferson Medical College.

An epidemic of typhoid fever has been attacking Philadelphia. Since January 1st there have been 1,502 cases and 311 deaths. The cause is believed to be the polluted water supply.

Australian physicians are reporting many cases of successful treatment of snake-bite by the use of hypodermic injections of strychnia in doses of gr. $\frac{1}{25}$. The snakes that bite are the "death-adder" and the black snake.

According to the census taken December 1, 1890, the population of the German Empire was 49,422,928. During the last five years the increase has been 2,565,-138, exclusive of the island of Heligoland, which added 2,086 to the population.

The National Association of Railway Surgeons held its fourth annual meeting at Buffalo, April 30th and May 1st. Several papers were read, and the following officers elected for the coming year: President, J. H. Murphy, St. Paul, Minn.; Secretary, E. R. Lewis, Kansas City, Mo.; Treasurer, R. H. Reed, Mansfield, Ohio. It was voted to hold the next meeting at Hot Springs, Va.

At the Washington meeting of the American Medical Association, officers for the ensuing year were elected as follows: Dr. H. O. Marcy, of Massachusetts, president; Dr. W. P. King, of Missouri, Dr. H. Palmer, of Wisconsin, Dr. W. E. B. Davis, of Alabama, and Dr. W. E. Taylor, of California, vice-presidents; Dr. R. J. Dunglison, of Pennsylvania, treasurer; Dr. W. B. Atkinson, of Pennsylvania, secretary. It was voted to hold the next meeting in Detroit, beginning on the first Tuesday in June, 1892.

The names of a large number of medical men in different parts of the country seem to have found their way into the daily papers in connection with the subject of the propriety of physicians allowing their names to appear in the secular press. In Iowa, an anonymous circular was distributed, containing clippings, which was intended to show that the men who most emphatically insisted on the

strict enforcement of the code, were the most liberally advertised. The result has been a wide publicity of the subject, and a suit for damages.

By the recent death of Dr. Abraham Coles, of Scotch Plains, N. J., the medical profession has lost one of its most scholarly members. Dr. Cole's life was largely devoted to literary pursuits. Perhaps his best-known work is in the form of metrical translations of mediæval Latin, especially of the *Dies iræ*, of which he made thirteen different versions, "six of which," says the anonymous editor of *The Seven Great Hymns of the Mediæval Church*, published by Randolph, "are in the trochaic measure and double rhyme of the hymn, and all are sufficiently distinct and original to form the creditable work of thirteen different men."

The death of the two brothers, Dr. Joseph Leidy and Dr. Phillip Leidy, of Philadelphia, on April 29th and 30th, within a few hours of one another, increases the long list of losses among prominent men that have befallen the profession this season. Joseph, the elder, was in his sixty-eighth year; Phillip was fourteen years his junior. In 1853 the senior Leidy was chosen professor of anatomy at the University of Pennsylvania, and he held the chair at the time of his decease. He was one of the most prolific of the scientific investigators of his generation, and the titles of his published papers, chiefly on anatomical, biological, and paleontological subjects, are said to exceed eight hundred in number. Dr. Phillip Leidy was port physician for Philadelphia in 1874, and a school commissioner. He was an occasional contributor to the medical journals.

The ninth annual commencement of the Woman's Medical College, of Baltimore, was held on the afternoon of May 1st, at four o'clock, at the Y. M. C. A. lecture room. Five of the six lady graduates, each with a boquet de corsage, or held in the hand, sat upon the stage. Miss Alice M. Heffner, owing to a slight illness, was not present. Dr. Randolph Winslow, dean of the faculty, presided and conferred the degrees. The exercises opened with prayer by Rev. Arthur C. Powell, rector of Grace Episcopal Church. Dr. Randolph Winslow, dean, gave a history of the institution, telling how, in 1881, no woman could receive a medical education in this city; how, in 1882, the experiment of co-education in a male college was tried and failed, and how, soon afterward, the Woman's Medical College was formed, with nineteen ladies matriculated the first session. He told how the curriculum had been increased from two to three years; and stated that the standard required is higher than that of any other institution in the city. The past year had been the most prosperous in the history of the institution. The number of students is twenty-two. He said they needed money to improve the college building and the hospital, and to endow beds in the latter, and they therefore raise the Macedonian cry: "Come over and help us." He stated that the graduates were all doing well, and one lady has gone as missionary to India. Miss Annie R. Houston, of Fincastle, Virginia, who graduated yesterday, will leave shortly for China, as a medical missionary. Dr. Winslow presented diplomas to the following graduates: Alice M. Heffner, of Buffalo, New York; Annie R. Houston, of Fincastle, Virginia; Mary Penrose, of Baltimore; Flora Pollock, of Baltimore; Alice D. Williams, of Bridgeport, Ohio; Elizabeth Woods, of Warren, Ohio. Prof. Hiram Woods, Jr., presented the gold medal from the faculty to Flora Pollock, for excellent examination. Prof. E. F. Cordell presented a valuable medical work to Annie R. Houston, for the best examination in the practice of medicine. Rev. A. Judson Rowland, D. D., of Franklin Square Baptist Church, delivered the valedictory address.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 4. BALTIMORE, MAY 23, 1891. NO. 530

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Original Articles.

THE MANAGEMENT OF SHOCK.*

BY RIDGELY B. WARFIELD, M. D.

The practical application of existing knowledge of surgical antisepsis to the treatment of wounds has made it possible for the modern surgeon to wonderfully control and modify the so-called classical wound processes. In this way septic absorption from wounded surfaces has been prevented, pain following operation practically abolished and danger of secondary hæmorrhage reduced to a minimum. In the management of shock alone, advancement in recent years has not been marked, although its consideration holds first place in the mind of the conscientious surgeon when about to operate or when in the presence of grave injury.

In operations of election the anticipated shock may be in some degree lessened or averted by careful preparatory treatment directed to both the mental and physical organization of the patient. Through the agency of cheerful and quiet surroundings, rest in bed and attention to the various secretory and other organs, the invalid is brought to operation in the best possible condition to withstand whatever drains may be made on the bodily vitality. On the other hand in the treatment of wounds following accident such opportunity is not given, and here at the onset we encounter not only a wound which is to be regarded as an infected wound, but also a condition of shock more or less marked, which demands our attention quite as much and often even more than the bodily injury itself. While this is true of course in all accidental surgery it is to the railway surgeon more

*Written for the National Association of Railway Surgeons.

than all others that the opportunity is given for investigating such combined conditions of injury and shock; an extent of injury and an amount of shock not encountered elsewhere in civil practice and hardly finding parallel in military surgery. To a certain degree characteristic of railway injuries may be mentioned 1st, an amount of shock often disproportionate to the amount of injury; and 2nd, extensive injury at a distance from the area of evident involvment. The first mentioned condition is favored by the fact, that in railway accidents the unhappy and often seemingly hopeless environment of the injured, greatly encourages fright and mental excitement, both potent factors in the production of shock. The second condition which is even more distinctive is the necessary result of the enormous force following the impact of a ponderous body in rapid motion against a living being. Velocity in addition to weight plays an important part in the production of these injuries and they are practically always far reaching and severe.

It is unfortunately true that a given amout of shock cannot definitely be taken as an index to the extent of real bodily injury. Instances are not uncommon where from fright or other mental emotion severe shock has been observed in cases where the bodily injury was slight, or indeed with no injury at all. So on the other hand it often happens that there may be extensive injury, especially in subjects laboring under alcoholic intoxication, where the attending shock is very little marked and may be wanting altogether. Nevertheless when present to any considerable degree we should be lead in every case to carefully consider the possibility of extensive injury at a point beyond the evident trouble. The importance of careful examination of the whole body in every severe case of railway injury, cannot be over-estimated and on this point most surgeons of whatever prominence have from time to time blundered. It too often happens that in our eagerness to remedy existing difficulties, limbs have been amputated or other extensive operation performed on parts obviously wounded, while perhaps far bepond the site of operation there are other grave injuries such as a ruptured kidney, or bladder, or spleen, or other organ; or extensive laceration or contusions of almost any part, which are killing our patients quite rapidly enough without our assistance.

The clinical picture of shock is familiar to us all. Born of influences which are both physical and mental, varying greatly in extent according to the temperament, age, condition and surroundings of the subject; it furnishes, nevertheless, the index which must guide us to an appreciation of the real state of our patients vitality. As described by Cheever, in his admirable paper before the American Surgical Association,—"The pulse vibrates, intermits, flags, rallies, flags again, is soft, compressible, uncertain, faintness is constant, but partial; vomiting occurs; cold extremities; dilatable pupils; pallor; imperfect reaction; very slow recovery, a condition when a feather turns the scale against the patient. If now an operation is done: we have renewed shock; prolonged shock, secondary shock; a matter of days rather than hours; persistent nausea; exhaustion; lowered temperature; diarrhœa; imperceptable and gentle death. Or if an old person, that state known as prostration with excitement, typhoidal delirium, a dusky flush over the malar bones, dull eyes, intermittent pulse, jactitation, exhaustion, death. Primary shock, reaction; early and perfect; or slow and imperfect. Secondary shock, prostration, nausea, excitement, collapse. Loss of blood from accident or operation, adds to the shock and complicates its symptoms. Jar, crushing, mutilation pain, cutting, bleeding, chilling, all act on the nervous centre; react on the ganglia, the heart, the power of breathing, the temperature, the consciousness, the life."

In the treatment of the injured we have to consider not only the local injury itself, and the shock directly attending this injury and depending on hæmorrhage tissue lesion, etc., but in addition the psychical shock and that of exposure and environment. Tardy attention to the wounded, long or uncomfortable transportation, or exposure to the cold or rain, an unsuppoted fracture or undressed wound, cannot fail to deepen the existing impression of shock and often turn the tide against life itself. While this is generally recognized it often happens that in the attention to the wound, the other potent factors of lowered vitality do not receive the care they deserve. Even if the conditions are such that first attention must be directed to the wound itself, strict cleanliness rather than classical operation should be our guide. Although it may happen that the presence of a badly mangled limb may do much toward keeping up a marked degree of shock, it does not seem likely that this can in any degree equal the shock of amputation. We should bear in mind that even fatal shock has several times been observed to develop at the moment of complete severance of the bone in the removal of extremities; and it is idle to suppose that the application of hot fluids through exploratory incisions or to the wound itself, for the purpose of cleansing the parts and rendering them antiseptic can in any way produce shock equal to that following amputation itself.

But quite apart from this, in the light of present knowledge, unless we observe certain antiseptic precautions we are not justified in exploring wounds of whatever magnitude. Any proper treatment requires preparation and such precautionary measures as are essential are not always available in dealing with accidental surgery. Much more important than are accurate estimation of local injury, or the determination as to whether or not a part can be saved or is hopelessly lost, is an acute appreciation of the vitality of our subject. Even if we are so situated as to deal properly with the wound we should proceed slowly. Hemorrhage if alarming should of course be checked, best by pressure on the tourniquet; and the wounded surfaces so protected that infection is prevented; fractured bones should be adjusted and any quickly remedied source of irritation be removed; but protective dressing rather than exploration should be our object and only such measures taken as will tend to diminish rather than increase the shock under which our patient is laboring.

At the present time we do not look forward to inflammatory reaction with that dread which it once occasioned. We know that we have at hand measures which properly used can prevent and control septic and putrefactive changes in wounds, and even render a completely dead extremity comparatively inocuous. Even when the much deplored infection has occurred, even indeed in the presence of acute gangrene itself, with the germs and its ptomaines rampant in the tissues, by broad incisions for destroying tension, the use of the hot bath, irrigation and the vigorous and continual application of germicidal agents throughout the infected areas, we may be able to wage successful war against invading micro-organisms and reserve radical operation until we have a reaction which is sustained and advancing and where we may operate with the hope of best results.

In dealing with shock whether primary or secondary, that immediately following injury, or that after primary reaction and deepened by exposure, transportation, anæsthesia, operation or what not; such measures as tend to combat the lowered bodily temperature, which is always present and of the greatest significance when pronounced, are of vital importance. Unnecessary exposure is to be condemned and in addition to protective surroundings the immediate application of *dry* heat over a large surface is of the utmost moment. Besides this the use

of large hot water enemata as recommended by Dr. Lange and others is especially valuable, and in shock the result of large hemorrhages, since by absorption depleted vessels are in a measure refilled, almost essential.

Among remedial agents directed against shock, alcohol in the minds of the masses holds first place. Its use has been much abused. Although valuable in lessening anticipated shock it serves little purpose as usually administer after injury. In moderate shock small quantities may be given combined with strong coffee as recommended by Dr. Cheever; but if given in excess, as often happens before the surgeon is called; if absorbed as is shown by produced intoxication, it is usually not required, and if not absorbed by distending a torpid stomach and producing nausea, by the very nausea so produced the shock is rather increased than diminished. Given hypodermically, well under the skin, it is really valuable and constitutes one of our best means toward bringing about reaction.

Morphia in relieving pain and the attendant excitement is often of value. It should be given hypodermically, in small doses combined with atropia; should be repeated if necessary as often as indicated, but only when pain is a prominent symptom.

Toward combatting lowered vitality, by stimulating the depressed nervous and circulatory systems, there are two agents not generally used, of considerable value, to which special attention should be called. These drugs, which should form part of every surgeon's outfit, are strychnine and nitro-glycerine. The first agent is a distinct stimulant. Administered hypodermically it is rapidly absorbed and its effects are noteworthy and permanent. Theoretically by substituting plethora for anæmia and muscular activity for muscular atony, it should be about our best remedy and particularly indicated in the treatment of shock; and practically under its use the flagging, flickering pulse becomes toned and steadied, and reaction to that degree encouraged and sustained. To produce its effect the drug must be given freely, from $\frac{1}{50}$ to $\frac{1}{30}$ grain being administered every 20 or 30 minutes until its physiological effects are manifest, or until returning circulation is established.

Nitro glycerine unlike strychnine is not a stimulant, and the ultimate effects of the drug if pushed beyond a certain point could only be disastrous. Nevertheless by its use some desired indications are admirable fulfilled. The drug acts on the circulation and produces two distinct effects, a dilatation of the peripheral vessels, and an acceleration of the heart. The blood pressure falls and the power of the left ventricle is for the time being increased because of the lessened resisttance. For this reason the work of the heart being lessened and its power increased, the value of the drug becomes apparent. The immediate effect of its administration is little short of marvelous.

The pallid, waxy countenance becomes flushed and life like, the small flickering pulse, full and apparent, and a general sense of warmth and comfort prevades the whole body. Nitro-glycerine in shock should always be given in connection with strychnia or other stimulant, should be used cautiously with close attention to the circulation, and avoided altogether if the pulse besides being feeble is at the same time very frequent. Being one of the most diffusible of substances whether used hypodermically or put on the tongue, it is immediately distributed throughout the body. Not more than $\frac{1}{100}$ grain should be given at a time, but if well received it may be repeated as often as required.

By the judicious application of the means at our disposal apparently hopeless shock can often be overcome. With increased knowledge of surgical antisepsis delayed operation is becoming more and more feasible, and in this way time is

given for bringing about a proper reaction. In the paper already quoted Dr Cheever denounces as "unphilosophical and fatal, the practice of operating in cases of primary shock before reaction comes on." It has happened too often that confidence in the stimulating power of the knife without anæsthesia, or in the pseudo improvement in the pulse which follows early etherization, has cost many lives which might have been saved if sustained reaction from shock had been obtained before the operation was undertaken. Even in those cases of shock with imperfect reaction followed by relapse, where under some circumstances operation is countenanced, if done quickly with minimum exposure and short anæsthesia; it does not seem probable that any considerable operative procedure can be undertaken with reasonable hope of success, unless we are able by persistent and untiring efforts to secure a reaction which is definite and manifest. Preparation, etherization and operation all deepen physical shock, and to engraft certain additional shock on a vital depression already perilous can rarely be expedient or wise. The danger of anæsthesia is especially to be noted. When an anæsthetic is administered during shock, it should be considered imperative that as little as possible should be used and for the shortest possible time. Finally we should bear in mind the formula of Dr. Gay, that in operating, the great factors for the prevention of shock are, "saving of blood, saving of time, saving of animal heat and saving of anæsthetics."

214 W. Franklin Street.

THE PANCREATIC JUICE IN THE HUMAN SUBJECT.

No exact analysis of the pancreatic juice in the healthy human subject having been published, advantage has been taken by Dr. Zavadski of a case recently operated on in Warsaw to obtain such an analysis. The patient was a young woman with a cystic tumor of the pancreas. This tumor was relieved by Professor Kosinsky by means of the thermo-cautery. On the seventh day the tampon which had been put in was taken out, and a drainage-tube inserted. At first the discharge was purulent, and then for a time watery, but subsequently it consisted of the pancreatic juice alone. Before the wound healed, which it did in about seven weeks after the operation, the secretion of 24 hours was collected and examined. It was a somewhat tenacious, yellowish, turbid liquid, with a marked alkaline reaction. On analysis it gave—water, 86·405 per cent.; organic compounds, 13·251 per cent.; albuminoid bodies, 9·205 per cent.; extractive matters soluble in alcohol, estimated as nitrogen, 0·827 per cent. Salts: carbonates, chlorides, phosphates, and sulphates of sodium, potassium, calcium, and iron, 0·344 per cent. At a temperature of 100° F. the juice actively converted starch into maltose, egg albumen into peptone, and olive oil into an emulsion. On the whole, the human pancreatic juice was found, on compairing it with that of other animals, to resemble most nearly that of the dog according to Schmidt,s analysis —*Lancet, April 25th.*

From the report of the Vaccination Institute of Vienna, it appears that during the last year experiments were made as to the possibility of obtaining vaccine lymph from goats. The experiments are said to have been very successful. At a recent meeting of the sanitary council a report on the same subject was presented by Professor Oser, and Herr Chmiauf, a veterinary surgeon.

CANCER OF THE BLADDER

BY JAMES BROWN, M. D., OF BALTIMORE.

This specimen of cancer of the bladder was taken from the body of a man who died on the 27th of March, 1891, and for which I am indebted to Dr. Ferdinand Reinhardt who obtained for me the privilege of making the post-mortem examination. The history of the case is as follows: J. H., aged 66 years, married, German, weight 169 pounds; height 5 ft. 8½ inches. Came to the dispensary of the Johns Hopkins Hospital for the first time June 7th, 1890. He stated that he had been passing urine of a bright red color for four months, and that he had observed that the urine first passed was frequently less bloody than that toward the close of micturition. That the discoloration which appeared suddenly and frequently, had been constant. Micturition which was not abnormally frequent, four or five times in 24 hours, was only painful when he passed clots of blood, which was but rarely, otherwise he was perfectly free of pain. Though the hæmaturia was the only symptom present, yet by its character alone we would have been justified in excluding the kidneys as a possible source of the hæmorrhage, since it is well known that when blood comes from these organs it is uniformly mixed with the urine and rarely of a bright red color. Bimanual examination with the patient under the influence of an anæsthetic was negative. Thompson's searchers being then introduced, a growth with an irregular surface springing from the left lateral wall of the bladder and apparently filling that half of its cavity was made out. At the same time it was felt to be firm and fixed in its position and, therefore, assumed to be attached by a broad base. The beak of the instrument before being removed, was rubbed against the surface of the mass, with the view of detaching a portion of the growth for microscopical examination. This attempt was successful, for after removing sound and washing out the bladder through a catheter of large calibre several pieces, some as large as 15 m. m. in width, and 1 or 2 m. m. in thickness, were obtained; these when examined microscopically, were pronounced to be composed of carcinatous tissue by both Drs. Welsh and Councilman. They consisted of numerous epithelial cells, fatty and granular, traversed by fine connective tissue fibres, and in the larger pieces a few blood vessels with very thin walls and filled with blood corpuscles. The urine contained no pus nor were there any casts found. The patient continued visiting the dispensary from time to time up to the 25th of last August. During this period the bleeding was continuous and profuse. The urine which was frequently examined, resembled at times pure blood in appearence and was often found to contain masses like those which have just been described. His nutrition, nevertheless, continued fairly good, his weight being at that time 167 pounds, having lost only two pounds in three months. Micturition and tenesmus were gradually becoming more and more frequent: no œdema of the lower extremities was noticed after this date; he was not again seen alive.

He died as already stated on the 27th of last March, having lived about 13 months from commencement of symptoms. It was learned through his friends that he continued to enjoy fairly good health to within one week of his death, when micturition attended by a good deal of tenesmus consequent upon the passing of numerous clots became more and more frequent while the urine became less and less. Two days previous to death delirium and convulsions set in, which in the last two hours were replaced by coma, in which state he died.

Before closing the history of the case it is proper to say that the patient was told of his condition and advised against having any radical operation performed but should he have later in the course of his trouble some symptoms of vesical ir-

ritability he might have the bladder drained as a palliative procedure. Remedies given with the view of lessening the bleeding were apparently without effect.

Remarks.—In this case it will be observed that the diagnosis was made of the presence of a growth in the bladder by sounding, and its character absolutely determined by microscopical examination of particles detached by passing the beak of the sound firmly but judiciously along its surface. Though not new, the importance of this method of examination in cases of more or less obscure diseases of the bladder, may justify me in directing attention to it. With a little care and judgment in its use no serious harm can result or injury be done, and by such a procedure may be removed the necessity of waiting for a spontaneous expulsion of a particle of infirimbriated growth, or of pursuing the other alternative —that of making a digital exploration through a small opening in the peritoneum, which, though attended by only slight risks, all will agree in thinking is certainly best averted if unnecessary.

The microcopical appearances of these particles do not always indicate the nature of the growth in the bladder since fimbriated papillæ, of which they frequently consist, may be attached to the surface of any vesical growth malignant or benign. The absence of cystitis is noteworthy and to this as well as to the position of the growth, away from the neck of the bladder, may be attributed the fact that pain was complained of but little excepting towards the close of life when clots were frequently passed, attended by a good deal of tenesmus. I have said that the sound was used with sufficient vigor to detach a particle of the growth, and I might add that the sounding was repeated on three different occasions, yet we see that no inflammation, at least of any amount or duration, ensued. Is this to be explained by accident? Certainly not. For under these circumstances I feel convinced that the single introduction of an infected instrument, however, quickly effected, would have given rise to a severe cystitis, soon followed by a pyelo-nephritis and all that they imply, to say nothing of the shortening of life, when instead of a life of comparative comfort and freedom from pain, we should have had one of torture. I am strongly inclined to the view that these inflammations of the bladder, so frequently found associated with vesical tumors and prostatic enlargement entailing so much additional suffering upon the afflicted patient, are largely due to the introduction of contaminated instruments into the bladder. With the view of throwing some light upon this subject, I have carefully inquired into the previous history of patients who have come under my observation suffering from enlarged prostates and vesical tumors. There were three of the latter, including this case, reported. In two of these no instrument had been passed and cystitis was absent. In the third case cystitis existed. It was a case of a woman suffering from numerous papillomata, evidently the result of irritation, caused by a sea-tangle tent which she had introduced into her urethra by the advice of a friend, for the purpose of producing abortion. The tumors were removed through the uretha after this had been dilated by the finger.

In regard to the prostatic cases, the number of which I am unable to give, my experience has been as follows: I have found cystitis invariably present in those which have been catheterized. In those who had not been, it was absent, and this in spite of the fact that there was in all of these more or less residual urine and a diminution in the contractile power of the bladder.

Though infection through contaminated instruments may play a less important role in these as well as in other diseased conditions of the genito-urinary tract, than I have here ascribed to it, the danger is nevertheless not an imaginary one,

and this fact should suffice to prevent the introduction of any instruments into the urethra or bladder, except under the strictest antiseptic precautions.

The second case came from a women 50 years old. Of the clinical history of this case I am ignorant. Here there is a true papillary carcinoma, which involves the right postero-lateral wall of the bladder, and has almost completely obliterated the orifice of the right ureter. The kidney on the corresponding side shows a marked hydronephrosis, with a very extensive atrophy of the cortex. The left kidney is free from hydronephrosis, the opening of the ureter is free and the kidney showed a slight degree of vicarious hypertrophy.

Autopsy.—For the following notes I am indebted to Dr. Councilman. Only the urinary organs could be examined. Bladder slightly hypertrophied, mucous membrane smooth and free of inflammation. Projecting from the inner wall of the bladder is a large papilliary tumor, which has a broken, irregular surface, consisting of numerous ragged projecting masses. The base of this is 6x4 cm. It is situated on the posterior surface, embracing the right ureter rather more on the left than on the right side of the median line. The wall of the bladder all around this is covered with slightly projecting villous growths.

Immediately posterior to the tumor the bladder wall is somewhat thickened and indurated. A probe passed along the left ureter opens in the bladder through the main mass of the tissues. The opening of the right ureter is also found in the tissues, but not so much encroached upon by it as the left. Both ureters dilated, the left much more so than the right; the pelvis of both kidneys dilated; the left kidney was smaller than the right; the capsule easily stripped off; surface smooth; the pelvis much dilated, the calices rounded out, the papillæ atrophied. The cortex was an average of 2 mm. in thickness; the whole kidney very firm, pale and moist on section. The right kidney was a third larger than the left; the pelvis was dilated, but not to a corresponding degree with the left. The kidney on section was pale, moist and very firm, though not so firm as the left.

Microscopical examination of the tumor shows it to be a papillary carcinoma. The growth extends into the muscular substance of the bladder, and the alveoli, in places, are surrounded by non-striated muscle. The kidneys are very anæmic; they show a marked diffuse increase in the connective tissues; dilatation of tubules and fatty degeneration of epithelioma. All these changes being more marked in the left than in the right kidney.

LABOR IN A PATIENT UNDER 13.

Dr. J. W. McLane (*American Journal of Obstet.*, April, 1891), in an article on "the Sloane Maternity Hospital," New York, describes the case of a girl who had had hip-joint disease when five years old, and had always been sickly, staying three years in hospital. Menstruation began in her eleventh year, and she continued to be regular. Nine months before admission she became pregnant by her brother. On admission into the hospital she appeared anæmic, there was partial ankylosis of both hip-joints, the pelvis was normal, the labia majora very small, the labia minora large, and the vulvar orifice diminutive. The labor which took place at term, the mother being 12 years and ten months old, was natural. The presentation was vertex, first position. The cervix dilated slowly. The first stage of labor lasted nearly 26 hours, the second 25 minutes. The child was a male, weighing 7 pounds 5 ounces. The placenta weighed over a pound. Laceration of the cervix, perineum, and labia minora were detected after delivery. The perineum was sutured. The patient suckled the child and made a good recovery.—*Brit. Med. Jour.*

TWO OBSTETRICAL CASES.*

BY WILMER BRINTON, M. D.

In reporting two cases of obstetrics, I do so simply to bring to the notice of this Faculty the subject of hæmorrhage, either "ante" or "post-partum" which is a subject which must always be of great importance to the practical obstetrician, for it is only the working practitioner of midwifery in contra-distinction to the compiling or library obstetrician who recognizes the truth of the statement of one of our best authorities in speaking of the importance of obstetrical knowledge, "that very frequently the emergencies which occur in the practice of the art of obstetrics are sudden, and must be met promptly if met successfully. They may give no time for consulting books, or a fellow practitioner, but immediate as is the peril must be the means to avert it."

Hæmorrhages occurring in the pregnant woman have been designated "accidental," when due to the separation of a normally implanted placenta, and "unavoidable" when due to placenta prævia. Obstetrical literature and personal experience teach us the great danger of both forms,—Goodell, in one hundred and six tabulated cases of hæmorrhage occurring from detachment of a normally implanted placenta, reports 54 maternal deaths, and only six children out of the 107 survived. I have placed on record elsewhere a death occurring from this cause, the patient being in a dying condition by the time the family physician reached her house. The mortality in unavoidal hæmorrhage due to placenta prævia varies from 20 to 40 per cent., if we except the statistics of Hofmeier, Lomer and Behm, of Berlin, who claim a mortality of 4.5 per cent., or even much less in a selected class of cases. But it must be remembered that these are men of special attainments in obstetrical practice, with exceptional facilities. We know some of the causes of detachment of a normally implanted placenta, with subsequent hæmorrhage, such as external violence, nephritis, variola, acute atrophy of the liver, etc., but the etiology of placenta prævia is unknown unless multiparity be a factor. Admitting, then, the gravity of the ante-partum hæmorrhages, I desire to impress upon all the necessity of a careful examination, and watchful attention to all hæmorrhages occurring in a woman known or suspected to be pregnant. Not only is it important to make a diagnosis, but it is *absolutely imperative* that the physician should understand the state of affairs in *all* hæmorrhages occurring after the seventh month of pregnancy. Whenever hæmorrhage occurs it must be due to a detached placenta or placenta prævia. This at once brings up the question of the differential diagnosis, which can only be decided by a thorough digital examination, the patient being under an anæsthetic, if necessary.

In placenta prævia the examining finger comes into contact with the peculiar firm fibrous mass constituting the placenta, which is situated in the lower segment of the uterus, and which may or may not overlap the internal os; whilst in hæmorrhage from a detached placenta normally implanted, no placental tissue can be felt by the examining finger, yet the lower uterine segment may contain more or less blood-clot, which can be distinguished from placental tissue by being softer, breaks easily and is not attached. Again, if uterine contractions have set in, there is another point which will aid us in forming an opinion; namely, in placenta prævia the hæmorrhage is greater during a pain, whilst in hæmorrhage from detached placenta it is lessened by uterine contractions. Having thus very briefly mentioned causation and some diagnostic points, the question of treatment of these alarming hæmorrhages must be briefly considered.

*Read before the Medical and Chirurgical Faculty of Maryland, at its 93rd Annual Meeting, held in Baltimore, April 28, 29, 30, 1891.

I believe in the vast majority of cases of both accidental and unavoidable hæmorrhage, occurring in the pregnant woman, there is no safety for the mother until the uterus is emptied of its contents and is thoroughly contracted and retracted upon itself. Dr. Barnes has long since written in his classical book on Obstetrics, "that in the treatment of placenta prævia, if the pregnancy has advanced beyond the seventh month it will, as a general rule, I think, be wise to proceed to delivery, for the next hæmorrhage may be fatal. We cannot tell the time or extent of its occurrence, and when it occurs, perhaps all that we shall have the opportunity of doing will be to regret that we did not act when we had the chance." The view thus expressed by Dr. Barnes in the treatment of placent prævia is, in my judgment, the correct opinion, and, judging from my personal experience with accidental hæmorrhage will hold good in the vast majority of cases in the treatment of this unfortunate complication of pregnancy. I believe that when the obstetrician is conscious that he has to do with a case either of detached placenta or placenta prævia, with hæmorrhage, that his actions should be decided; no temporizing or vacillating should be indulged in. With these views, I submit the report of two cases of obstetrics coming under my care recently.

CASE I.—*Ante-partum hæmorrhage.* I was called at midnight of March 14th, to see, with Dr. D. S., Mrs. J., aged 40, who was pregnant for the fourteenth time, with the history of having had eleven full-term living children and two abortions. Supposed herself to be about 8½ months advanced in her present pregnancy, and, although a considerable amount of blood had been lost twenty-five days previous to this date, her present medical adviser, Dr. S., had not been sent for until a few hours before I saw her with him. An examination of the urine made at this time showed albumen and casts. The patient had complained of headache, had had vomiting, etc.

On the evening of March 13 she had considerable flowing with some slight pain; as night advanced the hæmorrhage become more decided and shortly before midnight, while urinating, a gush of blood came which filled the chamber over half full of blood; the patient becoming very weak and faint was assisted to bed by her attendant and her physician summoned. Upon examining the case with him shortly afterwards we found the woman lying in bed, pale, faint, and depressed; pulse 108. Upon a thorough examination made by placing my hand in the vagina and finger in the cervix, we decided that we had to do with a case of accidental hæmorrhage from a partially detached placenta. The same examination showed the child presenting vertex and the occiput to the mother's left and front, with the cervix rigid and not dilated to any extent; we also found a considerable amount of blood oozing through the cervix, although not coming with the gush which had made her so faint and weak.

By auscultation the foetal heart sounds, rapid and indistinct, could be heard to the mother's left, and palpation confirmed the digital diagnosis of the presentation of the child. After waiting for about one hour, with more or less oozing of blood and no special pain indicative of labor, we determined to bring on labor. I ruptured the membrane with my finger, which was immediately followed by the escape of a considerable amount of amniotic fluid, and within a short time uterine contractions began, which were no doubt increased by ℥i of fluid extract of ergot which was given every hour. From this time on there were no special indications for any other interference. The labor pains became more severe, the bleeding ceased, and at 6.30 A. M., the woman was delivered of a still-born child, of 6½ pounds. An examination of the placenta, which was expressed a few minutes after the birth of the child, gave evidence of a recent hæmorrhage, and also we

were led to believe from this examination that a small portion of the placenta had been detached when the hæmorrhage occurred some twenty-five days before. The patient had an uneventful lying in period, her pulse and temperature remaining normal during this time. A note received within the past two days from her attending physician informs me that she has resumed her usual domestic duties, but that she still continues under his treatment for nephritis, her water containing large amount of albumen with casts.

Case II.—*Placenta prævia lateralis, treated by internal podalic version; mother and child saved.* Was requested at 4 o'clock, on the morning of April 23rd, 1891, by two fellow practitioners to see with them Mrs. H., who was having exhausting hæmorrhages from placenta prævia. The patient Mrs. H., was 36 years of age, was supposed to be ending the eight month of her sixth pregnancy; her former labors were normal, with the exception of her 4th, a twin pregnancy. As on other occasions a mid-wife was to officiate at this labor, and had been sent for in the early part of the night. The patient was then losing blood, but after midnight the hæmorrhage becoming more decided, and the patient's symptoms becoming more alarming, the physicians were summoned, to whom the patient stated that besides the great hæmorrhage going on then, she had been losing blood continuously for four or five days previous. When I first saw the patient with her physicians, I found the bed saturated with blood, she was rolling from one side of the bed to the other, pulse rapid and weak, lips pallid, extremities cold, and exhibiting all of the characteristic symptoms of the so called "air-hunger" indicating great loss of blood. A digital examination rapidly made indicated that we had to do with a case of placenta prævia lateralis, the placenta being attached to the left side of the lower segment of the uterus, extending and filling up about one-third of the dilating internal os. The child presented vertex and the occiput was to the mother's left and front. The bag of water was unruptured, the cervix dilated and dilatable. As the woman at this time was seemingly in a dying condition, no time was lost for a more thorough examination, and I decided at once that version was the operative measure to be instituted in the interest of both mother and child. I ruptured the bag of water, performed internal podalic version and delivered the child in a very rapid manner. Some little delay in delivering the head caused the child to be born asphyxiated, but by the intelligent efforts of one of the physicians present we soon had the pleasure of hearing the child cry. Immediately after the delivery of the child, I introduced my hand into the uterus and thoroughly removed the placenta and membranes. The uterus contracted well, and all hæmorrhage ceased. During and immediately after the operative measures, the patient was receiving stimulants, by the mouth and hypodermatically. For a time her pulse grew much better, but within an hour after the birth of the child, and without the loss of much blood, she had two attacks of syncope, and for a short time her pulse could not be felt at the wrist; however, by the continuation of stimulants, and other methods for combatting cerebral anæmia she grew better, and under strict antiseptic care, which has been carried out in an intelligent manner by her attending physician, she has done well, and now one week after delivery her physician informs me that both mother and child are doing well, and indications are most favorable for speedy convalescence on the part of the mother.

S. W. Cor. Calvert and Preston Sts.

A man who recently rode three or four miles in New York, from a down-town tenement-house to Mount Sinai Hospital in a street car was found on his arrival at the hospital to be suffering from typhus fever.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor. JOSEPH E. GICHNER, M. D., Associate Editor.

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BALTIMORE, MAY 23, 1891.

Editorial.

SHALL WE DISPENSE TABLETS TO OFFICE PATIENTS?

Judging from the our own experience of the multitudinosity and well-to-do appearance of the pill and tablet variety of man, there is still left in the ranks of this business a hopeful occupation for the physician who finds that his virtues and attainments are destined to waste their beauty in the desert air of an unrenumerative practice. In fact, the eloquent pleader for the introduction of Blank & Co.'s compressed or gelatine-coated spherules is generally a decayed or disheartened practitioner, who, in spite of most wonderful reports of astonishing increase of practice from the very start, and average *collections* of over three thousand dollars the first three years of practice, "has been compelled, for financial reasons which he divulges to none but a select few, to take an agency which was just in the nick of time offered him by the above named respectable firm. It is comforting to think that when the development of the charitable tendencies of the dispensary and the hospital has reached its acme and when the full tide of immigration of unemployed single women has begun to flow in upon the territories of medicine the unhappy male practitioner will still, like the ill-fated aboriginee of America, have a temporary asylum from starvation for himself and family in the reservations and agencies of the pill and globule traffic.

Formerly, the agent for medical books was the great object of the struggling practitioner's fear and admiration, as he poured his torrents of loud-voiced eloquence into the ears of his abashed and ignorance-convicted hearer; now it is the smooth-tongued and elegantly attired pharmaceutical representative, who explains, in the most polished scientific phraseology, to the rust-covered and dust-covered mind of the untaught practitioner before him, the peculiar virtues of each new drug which he presents, and unfolds the complicated processes which enable his firm to furnish even old articles in a desirable and superior form.

The eloquence of the drug-agent is just at present most marked in the presen-

tation of the virtues of eompressed pills and tablet triturates. The arguments with which he enforces their claims are sufficienf to induce even the most poverty stricken physician to go into debt in order to obtain a supply of them.

The introduction of these pills and tablets for office practice is becoming so general in this city at the prsent time that it is well to consider the reasons for and against their use.

In favor of supplying remedies in this form to office patients it may be urged *first* that there is a large class of invalids in the community who rely upon the retail druggist for medical advice. Feeling unable or unwilling to pay for both the doctor's advice and the druggist's preparation of the prescribed remedy, they very sensibly go directly to the druggist and get his free advice. When severe illness threatens, they run up a bill with the doctor, which they never pay, and pay the druggist cash for the medicines. The physician who charges cash for office advice and gives the medicine in pill form, gratis, will draw many such patients away from the prescribing druggist and save himself many small and uncollectable bills; and will, moreover, retain these patients in his clientage, while under the credit system they would go to another doctor as soon as the first doctor pushed them for payment of his bill. Of course, as physicians have for generations been driving such patients to the druggist for treatment in slight ailments it will take them some time to get them out of the druggists hands, although they will not fail to perceive readily that the doctors skilled advice with free drugs is more valuable and cheaper in the end than the druggist's unskilled advice given free with the medicine. The *second* argument in favor of the office prescription, is that it enables him to supply to his patients more reliable drugs than when he lets them get the medicine at any corner drugstore. The *third* argument in its favor is that it affords the physician the opportunity of keeping his patient in ignorance of the name of the drug he is taking, thereby securing the additional advantages of faith-cure, and avoiding the establishment of drug-habits; and conceals the nature of the patients disease, when venereal, from the druggist and from the members of the family or circle of acquaintances whose personal experience embraces a knowledge of mercury and potash. Not every druggist is to be relied on to keep his customers secrets, although in general druggists are probably as reliable as physicians. The *fourth* reason for its adoption is that it will prevent indefinite repetition of prescriptions without further consultation or payment of the doctor, and will hinder the communication of the doctors advice and remedies without profit to him, to the whole family and social circle of the patient.

The *fifth* reason urged is that it enables the physician to make a study of new or unfamiliar drugs which can be kept in the tablet form, for at any visit he may give a few such tablets and have the patient test their powers. This, patients will usually be ready to do, if they have some old and reliable drug at hand in case the new one fails. *Sixth* it avoids the writing of more than one prescription at any one visit, thereby impressing favorably a large proportion of our patients.

Seventh; it helps to knok away the main support of homœpathy, for the degenerate sons of Hahnemann of this day depend chiefly for success on the free office-dispensing of drugs both strong and weak and the mystery which envelops the name and nature of their drugs. *Eighth*, it is claimed that by this method the doctor can extract more money from the pockets of patients who are ready to pay well under any system, because he supplies so few pills at each visit that they must soon come back again to see him. Finally it is urged that the current of medical tendencies is setting toward office-distribution of remedies in pill form, and that the physician who does not adopt it will find that his patients will go to his neighbor who does adopt it.

The *first, third, fourth fifth, sixth, and seventh* arguments as stated above are unanswerable. The *second* is quite open to dispute, for pilules and tablets do not always contain the quantity of drugs which they should contain, and many vegetable extracts become decomposed when kept long in the dry state. The *eighth* is also debatable. From patients who are unreliable it is better to get cash at all hazards; but reliable patients may decline to be treated on this principle, for they can calculate as well as the doctor whether it is cheaper for them in the long run to get a prescription or the drugs from the physician, and any suspicion that the physician is trying to make money out of them will offend them.

The writer believes that the best results in disease are as a rule obtained by the administration of drugs in solution. The liquor preparations of the pharmacopeia are much more palatable than extemporaneous aqueous solutions of the tablets now under discussion-

In order that he may get his money back, the physician must very carefully select his pills or tablets from the lists of various drug houses, and must learn by experience and observation what remedies suit office-practice best. It is probable that most physicians in the city will adopt the method, but the practitioners of better circles will need great care in using it with good patients.

Reviews, Books and Pamphlets.

Diabetes; its causes, symptoms and treatment. By Charles W. Purdy, M. D., No. 8 in the physicians and students ready reference series. Published by F. S. Davis, Philadelphia and London.

In this little volume, Dr. Purdy has summed up in a valuable way, about all that is at present known concerning this important malady. The book is especially useful to the profession in America, because the author clearly demonstrates the rapidly increasing prevalence of the disease in this country. The opening chapter on the geographical and climatological considerations of diabetes is a most excellent one. The writer confines his statistics almost entirely to the United states; and, considering how loosely our records of mortality are kept, he has brought out facts of great importance concerning the influence of altitude,

mean annual temperature and humidity upon the disease in question. The chapters on the pathology and pathological anatomy of diabetes are from the lack of accurate knowledge unsatisfactory, but it may be truthfully asserted that, from no other source, can we obtain any more definite information. The author's remarks upon the influence of social life upon the prevalence of the disease strike us as very timely and appropriate. The chapter on symptomatology, in which the author clearly describes the application of the quantitative test for sugar in the urine, should be read by every practitioner of medicine. It would have been well however, had the author mentioned Schmiedeberg, who first brought out the test in question. The bearing of glycosuria upon the prognosis of surgical procedures is brought out in a most admirable way, and should the authors teachings be closely followed, surgeons would be greatly aided in the selection of suitable cases for operation. The most important feature of the chapter on treatment is the diet list, which is unusually complete. The mechanical make-up of the book leaves nothing to be desired, the index is good, and the bibliography, though somewhat ancient, satisfactory.

Manual of the Domestic Hygiene of the Child. For the use of students, physicians, sanitary officials, teachers and mothers. By JULIUS UFFELMAN, M. D., Prof. of internal medicine at the University of Rostock. Translated with the author's permission, by Harriott Ransom Milinowski, edited by Mary Putnam Jacoby, M. D. G. P. Putnam's Sons, New York and London.

It is the professed object of this publication to add the more intelligent mothers to the other classes for whose instruction Prof. Uffelman's book was originally written. The editor has, to this end interpolated many explanatory notes in brackets, thus modifying the technical phraseology of the work, and bringing it within the range of those possessed of a good, non-technical education. The object is in large measure gained, though we fear the number of mothers who can read the book with profit is still comparatively small. It occupies a much higher plane than the manuals for mothers which are published in such large numbers. The chapter on "play" impresses us as one of the best in the book; it brings out the subject in the most scientific as well as the most sensible manner, and if largely read as we hope it will be by American mothers, will do much for the benefit of the rising generation. All that pertains to the hygiene of the child from the birth to the establishment of puberty is discussed in a masterly way that will commend the book to the more scientific classes for whose information Prof. Uffelman originally wrote it.

Second Annual Announcement of the Kansas Medical College, Topeka, Kansas, 1891.

Ueber das Aristol und seine therapeutische Bedeutung. Von Dr. A. HOLITSCHER, prakt. Arzt in Theresienstadt. Separat-Abdruck aus dem "Med.-Chir. Central-Blatt" Nr. 16, 1891.

First annual report of the Midwifery Dispensary, 312 Broome street, New York City.

Hernia. The analysis and treatment of one hundred cases of adherent, irreducible, incarcerated and strangulated herniæ. By S. E. MILLIKEN, M. D. Reprinted from *Gaillard's Medical Journal* of January, 1891.

Practical Points in the management of some of the diseases of children. By I. N. Love, M. D. The physicians leisure library, Geo. T. Davis, Detroit, Mich., 1891. Price, paper 25 cents, cloth 50 cents.

The notes on the management of children's diseases show the author to be of large experience in this interesting branch. Of course it is impossible to treat this vast subject in such a small work, but the main facts are really practical and the book should be read by every student and young practitioner.

The International Medical Annual and Practitioner's Index for 1891. Edited by P. W. Williams, M. D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—European and American—specialists in their several departments. 600 octavo pages. Illustrated, $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The ninth yearly issue of this one-volume reference work is to hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors in number and ability surpass that of last year. Its numerous illustrations—many of which are in colors—make the *Annual* more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best résume of Medical Progress yet offered. Part one comprises the new remedies, together with a review of the therapeutic progress of the year. Part two is devoted to special articles on diagnosis; the first on deformities of the hand, and their diagnostict value in nerve lesions; the second on the character of the sputum as an aid to diagnosis. Part three, comprising the major portion of the book, is given to the consideration of new treatment, and is a retrospect of the year's work, with numerous original articles by eminent authorities. The fourth—and last part—is made up of miscellaneous articles, such as recent improvements in sanitation; concerning climatology and Hygeine; alcoholic Inebriety, and the results of Asylum Treatment; improvements in pharmacy; books of the Year, etc. The arrangement of the work is alphabetical, and with its complete index, makes it a reference book of rare worth. In short, the *Annual* is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world.

Medical Progress.

DISEASE ATTRIBUTED TO CLEANLINESS.

Filth diseases are common, and now, it appears, cleanliness has departed sufficiently from its proper place next to godliness to afflict poor humanity with ills that are hard to bear. In the *Journal of Cutaneous and Genito-Urinary Diseases* Dr. E. Merrill Ricketts calls attention to a skin affection found almost exclusively among society women or others who keep the skin scrupulously clean, especially that of the face. There is redness, with scaliness and considerable burning. Exposure to draughts of hot or cold air increases these symptoms. At times there is much pain, causing loss of sleep.

This disease is found to be due to water, soap, towels, and scrubbing. The epidermis upon the cheek, brow, and eyelids, being thinner than at any other part of the body, is more easily removed. Therefore the frequent application of

simple water, even without the use of the towel, means disaster, especially if soap is used. An excess in the exfoliation of the cuticle exposes the papillæ, which are oblidged to protect themselves by exuding serum that afterwards becomes incrusted. This seals the pores of the skin hermetically until the epithelium is restored. In the frantic effort to secure a good complexion, this scrubbing goes on with a vigor that would wear out shoe leather. A society belle is said to have confessed to having applied Lubin's powder thirteen times within twelve hours, each time after the face had been thoroughly washed with Pears's soap!

Since beauty is largely an affair of complexion—being literally skin-deep, but none the less lovely for all that—it behooves the generous practitioner to come to the rescue and save the skins of the high-minded washed. Instead of soap, Dr. Ricketts suggests the use of good olive oil, applied two or three times a day with some soft silk or linen fabric. What is called olive oil—really sweet or cotton-seed oil, or essence of lard—is not the thing to use; but that pure and bland article that southern Frenchmen make in such perfection. It is difficult to secure but those that seek it can find it.

The ancient Greeks knew soap, but among them it was used for renovating fabrics, especially those of wool, but not for cleansing the skin. Chevreuil published his researches in 1813 in regard to the process of saponification, and from this date the chemistry of soap-making has made rapid advancement. Now, soap would not be so injurious if it was perfectly pure, but a perfectly pure soap is the substance of things hoped for. Lime, gypsum, heavy spar, stearite, and pipe-clay are some of the chief adulterations, and these things are unfavorable to a milk-and-roses or peaches-and-cream complexion. The happy possessor of a delicate skin must suffer to be beautiful—it will pay—and forego the luxury of too much water and the accessories of the bath. The delicate skin must be petted, not combated as though it were an enemy. Gentle measures here, as in the sterner affairs of life, bring about harmony and satisfaction. The admirers of coral lips and rosy cheeks—there are many in the profession—have a new gospel to preach, and that is temperance in the matter of cleanliness.—*N. Y. Med. Jour.*

POST-PARTUM SHOCK.

In volume XIV of the *Transactions of the Edinburgh Obstetrical Society* Dr. J. Haig Ferguson relates three cases of *post-partum* shock, due to inadvertent pressure of an ovary or Fallopian tube in the process of expressing the placenta by the Credé method. In all his cases the patients were nervous subjects, and became suddenly unconscious directly after, or simultaneously with, the expulsion of the placenta. They remained so for several hours, their condition exciting the gravest apprehension on the part of the medical attendant and friends. There was no possibility of accounting for the condition by *post-partum* hæmorrhage, eclampsia, or heart disease, and the patients all made a good recovery. The following case affords an additional illustration of this accident, which, in its graver result, may be rare, but rather less rare than has been supposed, the condition being attributed to something else.

Mrs. G., aged 28 years, was attended by me in her fifth confinement, on March 30th. She is of nervous temperament, and of Irish nationality. The labour was easy and natural, and the child, a healthy male, was duly born. The uterus contracted firmly on the placenta, but as thirty minutes elapsed without its expulsion, I proceeded to employ the Credé method of expulsion. During this process, which did not occupy many minutes, she complained greatly of pain, and I

felt something round and hard slip from beneath my thumb. The patient cried out, and then became quiet. Immediately afterwards the placenta was expelled, and, turning round to look at my patient, I found her perfectly unconscious, with shallow and occasionally sighing respirations, and radial pulse imperceptible She resembled one well under the influence of chloroform. The limbs were flaccid, and neither slapping, pinching, nor shouting could rouse her. There were no twitching or convulsive movements. The uterus was well contracted, and there was no internal or external hæmorrhage, no heart disease, or eclampsia, The conjunctival reflexes were present, and the pupils dilated. In fifteen minutes the radial pulse was fairly good, but about three-quarters of an hour elapsed before I could rouse her sufficiently to swallow a little stimulant; but she soon lapsed back into unconsciousness. The pulse was now 80 per minute, soft and regular, and the breathing regular. I again managed to rouse her, so as to swallow about a tablespoonful of whiskey, but she again became unconscious. In this state she remained for three hours, and then recovered perfectly. She passed through her puerperal period without a bad symptom.

The sudden onset of complete unconsciousness, the complaint of intense pain during expulsion of the placenta, coupled with the fact that I had inadvertently included in my grasp of the uterus a hard body—too hard for intestine. the absence of any possible cause of unconsciousness, such as *post-partum* hæmorrhage, eclampsia, or cardiac disease. led me to the conclusion that I had to deal with a case of *post-partum* shock, which had resulted from my squeezing an ovary against the hard and resistant uterine wall.—J. Gibson Graham, M. A., M. B., C. M. Ed., in *Brit. Med. Jour.*

CASE OF DIPHTHERIA OF THE VULVA.

Diphtheria of the vulva, occurring as a primary affection, appears to be sufficiently rare to justify a record of the case. Dr. Alex. R. Coldstream reports, in the *British Medical Journal* of May 9, such a case.

On December 15th last I was called to see a young lady, aged 12, whom I found to be suffering from headache and general malaise. The forenoon temperature was 102° and the pulse 136. The second morning the temperature was 103° and it rose the same afternoon to 105°. There was no sore throat, nor apparently any other local affection to account for this high fever, nor did the history seem to point to any of the eruptive fevers as imminent. On questioning the patient's sister I was told that the only complaint the patient had made was of a soreness about the external genitals, and on examination, I found both labia majora swollen and painful, and a slight mucous discharge from the vulva. I was naturally in doubt as to the cause and character of vulvitis in such a young person, accompained, as it was. by high fever and prostration.

On the morning of the third day the temperature was 103·6°; on separating the labia three distinct ash-colored membranous patches were seen on the mucous surface of the labia, two on one side and one on the other. I concluded that the case was a genuine primary diphtheria of the vulva, and begun a local antiseptic treatment of frequent irrigation of warm creoline solution, and dusting with boracic acid powder. On removal with forceps of the largest patch on the fourth day, the base bled profusely. The other patches separated naturally about the sixth day. There was no reformation of membrane, and the ulcers healed slowly.

The fever declined gradually, and on the twelfth day both morning and evening temperatures were normal, but a slight over-exertion during the third week sent the temperature up to 102·4°, and a tendency to a slight afternoon rise per-

sisted till the beginning of the fourth week.

No paralysis was apparent, but the cardiac action was feeble for long, and the muscular tone very slow of returning. The appetite was good throughout. I carefully examined the throat each day, but no formation occurred. There was no albuminuria. The social and sanitary surroundings of the patient were excellent, and I was quite unable to trace the sources of the infection.

SERIOUS SYMPTOMS FOLLOWING MORPHIA AND COCAINE.

Dr. Julio San Martin, of Havana, describes in the *Crónica Médico-Quirurgica* a somewhat singular case, where very serious effects followed the application of morphia lotions, associated with cocaine ointment, to the vulva, in the case of a stout lady who had for some years been the subject of diebetes. At the time when the above medication was prescribed there was a considerable quantity of sugar in the urine, the amount passed varied from one to four litres in the twenty-four hours, and the pruritus had become unbearable. The treatment was found to give so much relief that the patient began to resort to it five or six times a day. Very soon she began to suffer from sleeplessness, general excitement, and restlessness, and a terrible sense of impending death. There were, too, delusions —as, for example, that the right side was paralysed, which was not the case. She complained of a sensation of pricking in both arms, and of something which she thought was the "bone of the heart" moving about inside the chest. Once these symptoms were so severe that Dr. San Martin was called up at night. He gave some bromide at first, and, after having ascertained that the urine contained a trace of albumen and nearly 8 per cent. of sugar, prescribed chloral and morphia internally. This treatment unfortunately appeared only to produce an exacerbation of the excitement, and it then occurred to him that the symptoms might be due to the previous medication. Drugs were therefore given up and recours had to hot baths, under which the patient became much calmer and improved in every wap, even the sugar in the urine decreasing in a very marked degree. Dr. San Martin has frequently prescribed morphia or cocaine for the severe pruritus vulvæ sometimes observed in diabetic patients, without noticing any toxic effects such as occurred in the present case. He remembers two cases in which neither of the two drugs appeared to be of much use by itself, but where a satisfactory cure was obtained for the itching by combining them. The absorption of a sufficient quantity of cocaine to produce toxic effects from an ointment is certainly rare, and Dr. San Martin is disposed to think that in this case the fact of the kidneys having to excrete a large quantity of sugar may have produced a condition favourable to the absorption of cocaine, or perhaps that the patient had an idiosyncrasy making her peculiarly susceptible to small quantities of this drug.—*Lancet.*

Medical Items.

A Law regulating the practice of Midwives has been enacted in Minnesota.

Dr. Furbinger, in his paper read before the last session of the German Congress of Internal Medicine, analyzed the histories of sixty-four cases of gall-stone treated by him at the Friedrichshain Hospital, and of this number thirteen were males and fifty-one females.

Sir James Paget has written a letter to *Nature* setting forth his belief that Pasteur has furnished to the world a real "cure" for hydrophobia. It must be admitted that Pasteur is ahead of Koch.

Recent correspondence to the *British Medical Journal* says.—"Professor Bardeleben, of Jena, has found amongst Goethe's unpublished papers in Weimar an essay 'On Comparative Anatomy of the Skull of Mammalia,' written throughout in Goethe's own hand. The essay is dated 1794."

Application for incorporation has been made in Alabama to found a home for superannuated physicians, the needy widows and orphans of physicians, and under some restrictions, for younger physicians unable to work. It is proposed to raise funds by subscription among physicians and others.

Among the medical gatherings in Washington, last week, was one of the Medical Examiners of several States in which the practice of medicine is regulated by law. The meeting was for the purpose of organizing an association of different examining boards in order to harmonize the examinations of different States, so as to make the standard in different parts of the country as uniform as possible.

Dr. J. M. Da Costa, of Philadelphia, has made a handsome gift of books and microscopic specimens to the Da Costa Department of Biology of Columbia College, founded by his brother, and at the last meeting of the trustees of the college a formal vote of thanks was extended to him for his donation.

At Berlin, a corporation ordinance has been adopted which will give to the carriages of physicians the right of way through streets that are crowded. In order that these carriages may be at once distinguished from others like them, the coachmen who drive then will don a white hat. This new head-gear has been proposed for the prevention of embarrassing delay of medical men in the principal thoroughfares, and will become a recognized demand for the right of way at all times.

At a recent meeting of the Faculty of the Baltimore Womens Medical College the following changes were made. The chair of surgery was divided. Professor Winslow will lecture upon the principles of surgery and Professor Jay, formerly professor of anatomy and clinical surgery, will be professor of the practice of surgery. Dr. I. R. Trimble was elected professor of anatomy. Professor Amanda Taylor Noris formerly professor of materia medica and therapeutics, was made professor of practical obstetrics. Professor Ashby will continue to deliver the didactic lectures on obstetrics. Professor Joseph T. Smith was transferred to the chair of materia medica and therapeutics.

Cholera is reported to be epidemic at Calcutta, were 341 deaths from this cause were registered during the last week in March. Yellow fever is prevalent at Rio Janeiro, together with a very pernicious form of malarial infection. The death from these two sources amounted to from 90 to 100 daily the latter part of the month of March. The plague has visited and still exists in Assir. Influenza seems to be increasing in Great Britain, and is reported from Mexico. The northern districts of China, which escaped in 1890, have suffered much during the past winter.

At the recent examination for the position of interne at Blockly Hospital Philadelphia, there were 62 competitors, five of whom were women. There were 20 vacancies to be filled. The person who attained the best average was Dr. May

Hastings Sherman, of Philadelphia, the second best was a man, whilst the third in grade was Dr. Claribel Cone of Baltimore, gold medalist of the Women's Medical College of Baltimore, last year. Dr. Flora Pollock, of Baltimore, gold medalist of the Baltimore School this year, also passed a highly creditable examination and gained a rank of 11th, in the list of 62. Her achievement is the more creditable as she was passing her examination in Baltimore, and in the interim between two examinations at her own school, went to Philadelphia and stood the competitive examination without having had any extra coaching or special preparation, whilst many of the others had studied specially for this examinations.

The American Medical Temperance Association was organized during the meeting in Washington last week. The new society is modelled after the British association of a similar name. The following officers were elected to serve for the coming year: President, Dr. N. S. Davis, of Chicago; First Vice-President, Dr. R. Quimby, of New Jersey; Secretary, Dr. T. B. Crothers, of Hartford; Treasurer, Dr. George W. Webster, of Chicago.

The great memorial medal of the tenth International Medical Congress of 1890 is now being struck in silver and Bronze. Its diameter is seven centimetres, and its design is the joint work of Professor Virchow and the Government Architect Jaffé. Its obverse is adorned with a vigorously modelled Æsculapius sitting on a throne erected on a globe representing the earth. The inscription is, "Tenth International Congress, Berlin, 1890." The reverse represents the city of Berlin as seen from the Column of Victory, with the arms of the city adorned with laurel twigs, surrounded by the arm of the nine most largely represented States and the names of the other thirty-one. Above the view of the city is stamped the name of the member of the Congress for whom the particular medal is destined.

The Massachusetts State Board of Health has called attention in its earlier reports to the practice of coloring certain canned vegetables, principally peas and beans, with metallic poison, the chief article in use for such purpose being blue vitriol or the sulphate of copper. The practice is exclusively of French origin, and is prohibited in most civilized countries outside of France. English, Scotch, Belgium, German and other authorities have condemned the practice, and have excluded such articles from the market by vigorous prosecutions. In this matter the State Board of Health adopts the principle which it has previously carried out in other similar matters, that the use of metallic poison in connection with the food-supply is wrong, and should not be tolerated.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE TWO WEEKS ENDING MAY 2, 1891.

H. W. Austin, Surgeon, detailed as member of board of examiners, Marine Hospital Service. Detailed as chairman of board for physical examination of officers and candidates, Revenue Marine Service.

John Godfrey, Surgeon, detail as member of board of examiners revoked.

Fairfax Irwin, Surgeon, detailed as recorder of board for physical examination of officers and candidates, Revenue Marine Service.

P. M. Carrington, Pd. Asst. Surgeon, to proceed to Fernandina and Jacksonville, Fla., as inspector.

W. G. Stimpson, Asst. Surgeon, when relieved, to proceed to Savannah, Ga., for temporary duty.

B. W. Brown, Asst. Surgeon, detailed as medical officer revenue steamer Rush during summer cruise.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM APRIL 28, 1891, TO MAY 11, 1891.

James C. McKee, Surgeon, having been found incapacitated for active servtce by an Army retiring board, is relieved from further duty as attending surgeon and examiner of recruits at Philadelphia, Pa., and will proceed to his home and report by letter to the Adjutant General of the Army.

The order granting Major Julius H. Patozki, surgeon, six months leave of absence is so amended as to grant said leave on surgeons certificate of disability.

Captain William P. Kendall, Assistant Surgeon, relieved from duty at Fort D. A. Russell, Wyoming, and will report in person to the commanding officer, Fort Douglas Utah Territory, for dutv at that post.

Captain Walter D. McCaw, Assistant Surgeon, is relieved from duty at Fort Mc Pherson, Ga., and will report in person to the commanding officer, Camp Pilot Butte, Wyoming, for dutv at that post, relieving Captain Geo. E. Bushnell, Assistant Surgeon.

Captain Bushnell, on being relived by Captain McCaw, will report in person to the commandlng officer, Fort McKinney, Wyoming, for duty at that post.

First Lieut. Joseph T. Clarke, Assistant Surgeon, is relieved from duty at Fort Riley, Kansas, and will report in person to the commanding officer, Camp Poplar River, Mont., for dutv at that station, relieving 1st Lieut. Jefferson D. Poindexter, Assistant Surgeon. 1st Lieut. Poindexter, on being relieved by Lieut. Clarke, will report in person to the commanding officer, Fort Niobrara, Nebraska, for duty at that post.

Captain Louis A. LaGarde, Assistant Surgeon, is relieved from duty at Fort Assiniborne, Montana, and will report in person to the commanding officer, Fort McHenry, Md., for dutv at that post, relieving Major Charles B. Byrne, Surgeon. Major Byrne, on being relieved by Captain LaGarde, will report in person to the commanding officer, Fort Assiniborne, Mont., for duty at that post.

1st Lieut. Julian M. Cabell, Assistant Surgeon, is relieved from duty at Fort Niobrara, Neb., and will report in person to the commanding officer, Fort Buford, North Dak., for dutv at that post relieving Major Valery Havard, Surgeon. Major Havard, on being relieved bv Lieut. Cabell, will report in person to the commanding officer, Fort D. A. Russell, Wyoming, for duty at that post.

Major Joseph B. Girard, Surgeon, is relieved from duty at Alcatraz Island, Cal., and will report in person to the commanding officer, Benicia Barracks, Cal., for duty as post surgeon at that post, and attending surgeon at Benicia Arsenal, Cal, relieving Major John H. Janeway, Surgeon. Major Janeway, on being relieved by Major Girard, will repair to Philadelphia, and assume the duties of Attending Surgeon and Examiner of Recruits in that city, and in addition to his duties in Philadelphia will perform the duties of post surgeon, Frankfort Arsenal, Pa.

Capt. Guy S. Edie, Assistant Surgeon, is relieved from duty at Fort Douglass, Utah Territory, and will report in person to the commanding officer, Fort Niobrara, Neb., for duty at that post, relieving Major Timothy E. Wilcox, Surgeon. Major Wilcox, on being relived by Capt. Edie, will report in person to the commanding officer, Fort Huachuca, Ariz. Ter., for duty at that post.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR ONE WEEK ENDING MAY 9, 1891.

Surgeon G. P. Bradley detached from Mohican and placed on waiting orders.

Medical Inspector T. C. Walton, Surgeon Geo. A. Bright, and P. A. Surgeon J. M. Steele ordered to Naval Academy to examine applicants physically for admission.

Surgeon S. H. Dickson ordered to the Constellation.

Pd. Asst. Surgeon Philip Leach detached from Naval Academy and to the Constellation.

Pd. Asst. Surgeon W. H. Rush detached from Saratoga and await duty to sea.

Pd. Asst. Surgeon L. W. Atlee detached from Navy Yard League Island and to the Saratoga.

Asst. Svrgeon C. D. W. Brownell ordered to Navy Yard League Island.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 5. BALTIMORE, MAY 30, 1891. NO. 531

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Original Articles.

EYE DISEASES OF THE UNBORN.

BY JULIAN J. CHISOLM, M. D.,

Professor of Eye and Ear Diseases in the University of Maryland, and Surgeon in Chief of the Presbyterian Eye, Ear and Throat, Charity Hospital of Baltimore City.

That man is born to trouble has been verified with the centuries. That he is exposed to diseases during his entire life, from the moment of birth until death ensues, and that no age is exempt from the resistless grip of the destroyer, is a matter of every day observation. The very act of being born brings with it its many troubles, some of which are serious enough to destroy a life which has had as yet no out-door existence.

The eyes of the human race are equally exposed with other parts of the human body to these destructive agencies. The most virulent of eye affections is laying at the very door to lay hold upon the innocent victim before the eyes even see the light for which they were made. In the initial effort of offspring to become independent beings, as they leave their warm abode to take the first whiff of the living ether in which they are hereafter to move, germs of disease squeeze themselves between the lids. In their new home they start an active colony of pathogenic bacteria, which, after a short period of incubation, causes a violent and destructive inflammation. Of the blind children of the world—and they number millions, one fourth, it is said, have lost their sight during their first days of existence from organic poisons which have come in contact with the eyes as the head was

traversing the vaginal passage. These cases of ophthalmia neonatorum are very familiar to us. Since the cause producing them has been so satisfactorily established and its germ origin known, prophylaxis and antiseptic applications when properly carried out, promise to reduce this source of permanent blindness in infants to a minimum.

The object of this paper, however, is not to discuss diseases of the outer world with which our every day experience as physicians make us so familiar. There are numerous eye troubles which precede the birth of the child. These exhibit all morbific phases from the simple to the most serious, even to the destruction of the eye-ball. All these detrimental acts are going on while the infant is supposed to be safe in its mother's womb. An intra-uterine fœtus can have inflammation of any of the eye tissues. Also a defective nutrition might cause an arrest of development in one or more parts of the eye-ball, which after birth remain as permanent deformities. In the enumeration of diseases which follow, it is not my purpose to give an exhaustive treatise with facts sought from a voluminous literature, but I mean to restrict myself to personal observations from among the applicants for treatment at the Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore City now numbering upwards of 52,000 eye patients. Among these I have found in the newly born nearly every eye affection of the adult. To begin with faults of nutrition and with lid troubles. I have seen a child born with a defective upper lid, a fissure, or as it is called, a *coloboma*, extending through the thickness of the lid from the centre of the lash border upward. The lid was split into two portions, similating the more familiar fissure in the upper lip called hare-lip, and is occasioned by a similar arrest in development.

I have seen *erectile tumors* more or less extensive on the lids of newly born children. They usually grow more rapidly than the average growth of the child, look ugly from their swollen discoloration, and need surgical interference by seton or by cautery for their removal.

Thirty-three infants exhibited round, hard, elastic swellings, located at the outer edge of the brow. These were tumors of a cystic nature, over which the skin of the temple would glide readily. When the swellings are seized, and an attempt made to move them, they are found firmly and deeply fixed to the periosteum. These are congenital *dermic cysts*, and can only be cured by extirpation. When they are cut open, a quantity of grumous matter escapes, composed chiefly of epithelium and fat, with strands of exfoliated hairs, indicating the skin origin of the tumor.

In thirty children there existed a shelf of skin overlapping the inner angle of the lids. In some this shelf was so broad that the pupil was concealed by it during the forced convergence of the eye-ball. These are ugly deformities, destroying all agreeable and intelligent expressions of the face. The condition is known as *epicanthus*. It is occassioned by want of development in the nose bridge, so that the ample skin designed by nature to cover a properly formed nose, not being wanted, spreads out side-ways over the eye-balls In after years, when the nose has grown to its adult size, the deformity disappears. Should the broad shelf remain, the excess can be taken away by the removal of an ellipse of skin vertically from over the root of the nose.

Infants are born with an inability to raise the upper eye-lid—*congenital ptosis*. It may exist in one or both upper lids. Nature has either omitted the muscle necessary to pull the lid upward, the levator palpabræ superioris, or the nerve supply needful for its innervation is wanting. This latter contingency may arise from a defective nerve centre in the brain, or it may be the effect of an intra-uterine neuritis which has left the muscle permanently paralyzed. A very com-

mon popular expression is "laughing eyes," which, when properly interpreted means laughing eye lids. In ptosis the eye not only looks sleepy and heavy, but the dropping lid covers more or less of the pupil, causing an ugly gait in walking with the head necessarily bent far back to enable the person to see horizontally. This deformity in appearance is only partially removed by operation. By taking an oval piece of skin lengthwise from the lid, this shortens the breadth of the lid, tucking it up, as it were, so that the pupil can be exposed without the backward bending of the neck.

Children have been born with eyes crossed—a *congenital squint*, detected by anxious parents with the first opening of the infants eyes. These are cases of true strabismus, all eye muscles acting. Still more rarely cases have been brought to the hospital with paralyzed muscles, causing the eye deviation—*congenital paralytic squint*. One case of unusual interest presented a paralysis of both sixth-nerves,— both eyes turning in towards the nose.

Nistagmus, an irregular and perpetual movement of the eye muscles, is also seen at birth, and is recognized as a congenital condition. The movement of the eyes may be a vertical or lateral oscillation, or a rotatory movement, depending upon the group of muscles which exhitit these choreic contractions. It is always associated with defective vision, either from imperfect retinal development or from congenital optic nerve defects. It is an incurable deformity. the incessant movement of the eye-balls only stopping when life ends.

Tear-drop is another congenital affection which attracts the early attention of an observing mother. The excessive moisture in one eye, when the other remains dry, is readily recognizable even in the early days of life.

Infants have been brought to the hospital with *lachrymal fistula*. The frequent oozing of a little dew-drop from a point of skin overlying the lachrymal sac of the infant attracts attention. No redness, swelling nor mattering had ever existed since the birth of the child. During life, cases of fistula resulting from lachrymal abscesses opening upon the cheek are not very uncommon. In these we can trace the course of the inflammation from its beginning in the lachrymal sac with redness, swelling, pointing of the abscess, and final rupture with discharge of purulent contents. Then the slow subsidence of the inflammatory swelling to the disappearance of all purulent secretion; and lastly, the continual escape of drops of lachrymal secretion from the lachrymal sac through the contracted orifice, which refuses to finally close. This sequence is invariably as described. From analogy we must believe that a similar course is pursued in the formation of this congenital fistula during intra-uterine life, all inflammatory phenomena having disappeared before the birth of the child.

Sometimes we find curious lumps on the eye-ball of the child at birth. They are more or less elevated from the surface of the eye, and are of a dull white color in the Caucasian infant, and of a brown or black color in the negro. Their location is on the temporal side of the eye-ball, extending from the periphery of the cornea outward, even to the canthus with the larger lumps. Upon closer inspection they exhibit a striking similarity to ordinary skin, and fine hairs are seen growing upon then. The surface is covered with a coarse epithelium, which is dry in contrast with the lubricated conjunctiva. These tumors are islands of true skin engrafted by a freak of nature upon the ocular conjunctiva. They are known to ophthalmologists as *dermic tumors of the conjunctiva*. They grow pari-passu with the growth of the body and the normal development of the eye-ball. Among the 49,291, eye patients on the hospital report for 1890, thirteen patients had these curious congenital masses on the eye ball. They are ugly blemishes, and are removed by excision.

Corneal spots, or scars, apparently the sequel of intra-uterine corneal ulceration are at times brough to the attention of the hospital staff. These are such spots as are seen by the hundreds in all large Eye Dispensaries as the remains of corneal ulcers which have been treated from the beginning of their pathological condition. When the congenital corneal spot is central, there is frequently seen a corresponding white hillock in the centre of the pupil and projecting from the surface of the crystaline lens. Most frequently this elevated white spot on the lens capsule is found without any trace of corneal spot. It is called a *congenital pyramidal cataract.* Forty-nine such conditions are entered in the hospital books. The explanation for the formation of pyramidal cataracts in the unborn is, that at some stage of intra-uterine life a central ulcer of the cornea has, in its extension, perforated the eye coat, allowing the anterior chamber to empty itself of its aqueous contents. The elasctiity of the eye-ball, shrinking on itself when the distending influence of the aqueous fluid is removed, obliterates the anterior chamber. This forces the iris, and through the pupil the lens, in contact with the ulcerated cornea. Embryonic tissues with their active vitality cause a quantity of lymph to be exuded to fill up the corneal excavation, and some of it comes in contact with the capsule of the lens in its juxta-position with the cornea. As soon as the leak through the corneal perforation has been stopped, a reaccumulation in the anterior chamber takes place. This collection of fluid pushes the iris and lens back again to their normal positions, rupturing the soft adhesive bands which had temporarily formed between the capsule of the lens and the ulcerated cornea. As there are no vessels in the lens capsule, absorption of the white exudate cannot take place. The white hillock remains as an historic landmark of the event. The corneal exudate is often absorbed, leaving no recognizable trace at birth.

The iris in its early development is an inperforated septum. The pupil opens towards the last months of uterine gestation by the absorption of the pupillary membrane. As the pupil must be open before this complication takes place, the period of intra-uterine life at which the corneal ulcer occurred can be approximated.

Keratitis is another disease which occurs in the unborn child, as exhibited by more or less clouding of the cornea at birth. These white corneal spots are as undoubtedly the evidence of previous inflammatory processes as charred wood would indicate the effects of a previously existing combustion.

That a general breaking down of the cornea can occur in the intra-uterine fœtus, just such destructive processes as are seen in children after birth, is recognized in each instance by the similarity in appearance of the atrophic eye-balls. Young infants have been brought to the hospital for examination where only the stump of a shrunken eye-ball could be seen in one socket, the other eye-ball being perfect. There has been no inflammatory disease occurring in the eye of the child since birth. The condition of the atrophic ball could not have been brought about since the birth of the child without accompanying and conspicuous evidences of inflammation. In these stumps the sclerotic is perfect, the cornea alone being absent. The shrunken and sightless eye-ball moves about in company with the good eye, indicating that the eye muscles are all intact. All the manifestations of disease must have existed and would have been detected had the child been prematurely born.

The iris does not escape the inroads of disease in the unborn. There are faults of omission and commission in this interesting membrane. A very important preparation for the usefulness of the iris is the presence of a black pigment which covers its posterior surface. Vision consists in presenting sharply defined

pictures to the retina. This can only be done in a dark chamber, by letting in a strong ray of light through a small orifice. The pupillary orifice which nature adjusts should be the only inlet for light. The heavy black pigmentation of the iris and choroid is designed to exclude the admission of light in any other direction. In the development of the eye, nature sometimes omits this pigment, as in *Albinos* or pink-eyed persons, in whom the entire iris is translucent; and vision necessarily and permanently defective.

A patient among the hospital applicants had faulty vision in one eye. Under ophthalmoscopic inspection the cause of defective vision was found to depend upon remnants of the pupilary membrane which nature had not altogether absorbed. Their presence in the pupil was a permanent, mechanical obstacle to good vision.

In the formation of this important septum there is a growing together of two lateral folds to perfect the whole partition. Sometimes a hitch occurs in this fusion. The lower portion does not close up. A fissure is left extending downward from the pupil to the corneal border, duplicating the condition so commonly seen in iridectomy. This appearance of the eye is known as *congenital coloboma of the iris.* It was observed at the hospital in thirty-four patients. I have sometimes suspected other agencies in its formation. A marginal corneal perforating ulcer with prolapse of iris gives in the outer world similar results, and I have seen congenital artificial pupils which I fancied were caused in this manner.

Iritis with its sequel of closed puckered pupils takes place in intra-uterine life. With these evidences of a previous inflammation, infants are born. These congenital conditions are in every way similar to eyes lost by iritis in more mature years, and should be attribuied to the same pathological condition.

The crystaline lens comes in for its full share of troubles in the unborn. Of the 4,047 cataract patients entered upon the hospital books in the last thirteen years, 544 were clasified as congenital.

In two patients the crystaline lens had been entirely omitted in the making of the eye.

Besides, the lymph stained capsule, the sequel of perforating ulcer of the cornea, and already referred to as pyramidal cataract, the pupil under illumination reveals opaque spots in the lens more or less extensive, and in strong contrast with the red reflex of the choroid, as seen through the transparent margins of the lens. These spots are central and are black in appearance when viewed by the ophthalmoscope. The crystalline lens forms around a central germ upon which innumerable layers are deposited as the lens grows. Some of the early layers are defective and loose their transparency. In time healthy nutrion is restored and transparent lens substance is deposited over the unhealthy portions. The incarcerated zone retains its opaque character in the centre of the otherwise transparent lens substance, and as a *zonal cataract,* becomes a permanent obstruction to good vison.

Defects in nutrition may involve the whole lens substance, making it milky, destroying its transparency, and establishing the whitish pupil detected at birth as *congenital cataract.* These cataracts are the most common congenital defects, and form one fourth of the congenital eye troubles. Vision can be restored to such eyes by surgical operation.

The choroid lining of the eye comes in for its share in congenital eye troubles. In some infants its important normal black pigment is omitted,—a serious detriment to good vision. Again, like the iris, it may be fissured, either partially or extensively, from the ciliary border to the very optic nerve entrance.

This cause for impaired vision is known as *coloboma of the choroid.* Choroidal inflammations occur in the unborn, resulting in partial or complete atrophy of this very important backing of the retina, and necessarily disturbing or even destroying the eye-sight. The retina is always implicated in these inflammatory disorganizations. Scotomata, or blind spots, always ensue when choroidal atrophies occur. Should the spot of atrophy be at the fovea or central axis of vision, all useful sight is permanently destroyed. *Sarcomatous growths* of the choroid are also found in the newly born, destroying the eye and the life, as cancers.

The retina has its peculiar intra-uterine troubles, in which inflammation plays a part more or less destructively. There is a slow progressive blindness accompanying the condition known as *retinitis pigmentosa*, in which sclerosis of the retinal vessels occurs with obliteration of the same through invasion and proliferation of pigment cells. This is of congenital origin, although the complete destruction of vision may not occur until late in life.

That horrible disease known as cancer may invade the retina while the child is still in its mother's womb. *Glioma*, or retinal cancer, so fatal to both the eye and the life of the child, usually begins its ugly work before the child is born. As a small, yellow nodule, possibly not larger than a pin's head when first observed in the depth of the eye ball, it grows more or less rapidly, until it fills the eye chamber, infiltrates the eye tissues, develops in the orbit, as well as externally between the lids, and usually destroys life after the fashion of cancer generally.

Neuritis and *optic nerve atrophy* are congenital causes of blindness, and are revealed hy the ophthalmoscope in the early days of life. Some children are born with defective sight, the causes for which the most rigid investigation of the eye itself cannot reveal. We must seek for defects in the brain centres in explanation, as, for instance, in color-blindness and in amaurosis.

In the eye-ball, as a whole, we find at birth various lesions. In some the arrest in growth seems to have taken place before the eye had perfected its development, so that it retains a diminutive or dwarfed condition throughout the life of the individual, *micropthalmus.* A child may be born with a dropsical eye, twice the normal size, a condition known in ophthalmic surgery under the name *buphthalmus*, of which 63 cases have been seen at the Presbyterian Hospital. In some cases the eye-ball seems to have been blighted in its very conception, and is hardly rudimentary. The contracted socket seems empty at birth, and the case is called *anopthalmus.*

Deviation from the typical shape of an eye-ball are as common as the absence of beauty in the masses, when the Apollo of Belvidere, or the Venus of Canova, is accepted as typical of what the human race should look like. The eye may at birth be longer in its antero-posterior diameter than it ought to be. This condition, a very common deformity, includes all cases of *congenital myopia.* The reverse of this condition also holds good in which the eye is flatter from behind forwards than it ought to be. This condition is called *hyperopia*, and was illustrated in the hospital work by 3,156 persons. Astigmatism, another congenital fault in which the cornea deviates from its true curvature, was seen last year in 874 of the 6,464 eye patients who applied for treatment at the hospital.

The socket can also be invaded by disease during the intra-uterine residence of the fœtus. Congenital cysts may exist, causing prominence of the eye-ball at birth. Also vascular growths of the sockettissues, involving the conjunctiva to a more or lest extent have been present at birth under the name of *angioma.*

It is seen clearly from this long list of eye faults and diseases that the unborn babe is not at all safe from eye troubles in its incarceration. In fact, there are

very few of the eye diseases seen after birth that it is not liable to. If to the list of intra-uterine diseases is added those of the conjunctiva acquired in its passage through the vagina in the act of being born, then, with few exceptions, the list of eye diseases of the unborn absorb nearly the entire category of ophthalmic affections found in the adult human race. This is a condition that would stagger belief, were it not substantiated by positive evidence, as seen in hospital practice.

TREATMENT OF DIPHTHERIA.*

BY JOSEPH T. SMITH, M. D.,
Visiting Physician to Bay View Asylum.

It is with much hesitation that we venture to call the attention of the faculty to the subject of the Treatment of Dyptheria, but in view of the increased interest in the disease, especially its causation, we thought it might not be amiss for some member of the section on practice to bring forward the subject of treatment in order that those so disposed might discuss the many vexed questions which still wait for an answer. It is then our purpose rather to furnish food for discussion than to present any new and untried means of cure, rather to more fully emphasize. what we know than to call off the attention to fields unexplored and speculative, we desire rather to more fully use the knowledge we have and from that, endeavor in the future, to build up a rational mode of treatment which shall be more efficient than that employed at the present day. We need to have our knowledge affirmed and reaffirmed if we would be kept from the domain of speculative and irrational forms of medication.

The knowledge we will gain from the orator at this session, on "The cause of Diphtheria," will doubtless set many to thinking anew of the treatment and he will doubtless give us food for thought that will keep us in the path of rational medication. Before the knowledge that germs caused disease. how meagre were the results of all forms of speculative treatment in preventing the suppuration of wounds and its attendant consequences, in keeping woman from the many forms of disease attending her lying in, and in preventing diseases which have now become rare that they have almost passed out of our vocabulary. All this has been brought about by those engaged in the active duties of professional life following the lead of those who have enabled us to throw aside speculation and trust to knowledge.

We have learned that certain diseases are produced by micro-organisms, kill these minute bodies or keep them away, and the diseases ought to cease or be altogether prevented; we act upon such knowledge in regard to some of the diseases and the result has very far surpassed our most sanguine expectations. May not what is true of other diseases be true of diphtheria, can we not say it is true, shall not this disease like pyæmia, septicæmia and many others yield to rational means of prevention and cure, and it too become a thing of the past. We have every reason to believe that if rational means were in every case fully carried out, the disease could be prevented; if we exercised as much care in regard to antiseptics in diphtheria as the surgeon does in his cases of abdominal section, who can doubt but that we would be amply rewarded.

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*Read before Medical and Chirurgical Faculty of Maryland, from the Section on Practice of Medicine, April, 1891.

But many will and do say, that we need not trouble ourselves so about rational medication, that much that is of inestimable value has been the result of accident, as even to this day we cannot explain the action of quinine nor the preventive influence of vaccination; to such we can only answer, let us take all such discoveries and use them for our benefit, but as we know nothing of them we cannot control their coming, we must not therefore, sit with folded hands, waiting for something to turn up. Again, with how much more confidence and satisfaction we use the means that are the result of knowledge than we do those of accident or speculation.

That these apparently trite remarks need to be often brought to our attention is evidenced by the many and varied remedies which are brought to bear upon this disease, so that often times in sheer despair at the apparent hopelessness of many cases which come under our care, we are sorely tempted to abandon the knowledge we have and to launch out into the great field of speculative medicine which will lead us we know not where The temptation in this disease is peculiarly great owing to the many and varied conditions which arise in the course of its development, the results of which, even the most experienced cannot with any certainty foreshadow. When we look at the subject, it seems in such a chaotic state that we are tempted to say that we know nothing about it; indeed we often hear it said, not only by those outside, but by many in the profession, there is no need to do much, the disease will take care of itself. It is the object of this paper to bring anew to our attention the fact that we have much valuable knowledge in regard to this disease and the importance of holding all else subsidiary to knowledge. If we go over the field we are bewildered by the varied forms of medication.

Note a few of them: lime water and ice bags come to us with loud praise from Königsberg; tripsin, papoid and lactic acid have been highly lauded as solvents of the membrane; great praise is bestowed upon pine-apple juice as used among the negroes in Louisiana; Burghart calls attention to the great benefits derived from insufflations of quinine and sulphur; Nelson brings to our notice the great good obtained from applications of pure salicylic acid; Dr. Manchester lauds the vapor of bromine; Dr. Hall uses sodii hyper sulph., and tannin with marked benefit; Dr. Roese gives spts. terebinth, ʒi with spts., nit. ether three times daily; Dr. Boyd puts verat virid in the front rank for its controlling influence upon the heart; Dr. Mulhall advises the thorough washing out of the pharynx with a household syringe; Dr. Braddon praises in no unmeasured terms the oil of peppermint; Dr. Corbin refers in terms of praise to mercurial fumigations; Dr. Jacobi claims great good from the Bi chloride of mercury gr. ¼ in divided doses during the day in infants four months old; Dr. Hoyer uses acid gallic and glycerine; Cholema is fond of using plugs of cotton for the nares wet with a 20 per cent. of sol. of menthol in oil; Parker speaks highly of a strong solution of hydrochloric acid one to three of water or glycerine or carbolic acid of the same strength. From all of this and the list can be made much longer, one must bring order if he is to have any firm ground to stand upon. We know three things of diphtheria.

1. It is due to the presence of a poison produced by a micro-organism which itself does not invade the blood.

2. This poison exerts a depressing influence upon the heart's action and interferes with the functional activities of the red-blood corpuscles.

We know of nothing as yet which will destroy the organisms when once they have found a lodgement upon the tonsil, so must content ourselves with meeting

the results of their growth and development. We trust some day to be able to destroy the bacilli, but that knowledge is most likely to come from those specially trained to work in the laboratories of the world.

The conditions presented by the nares, pharynx and larynx first demand our attention. That we have not yet found a solvent for the membrane is amply proven by the many articles tried and abandoned because they failed of universal acceptation and the fact that no one thing is used by any large number of the profession to-day for that purpose. That we have found no one antiseptic that meets all of the requirements is proven in the same way. Failing thus to freely dissolve the membrane and not being able to use well known antiseptics in sufficient strength to fulfil a good purpose, as such, it seems clear that in dealing with irritable, sensitive, easily frightened children, as we do in most cases it is best that we should confine ourselves to such applications as will afford the child the least annoyance and at no time be tempted from them. The applications should also be made in the way most agreeable to the patient. Lime water and carbolic acid as a spray, seem to meet these indications best. The quiet ease and comfort of our patients must be our first thought and we should be jealous of any remedy which will disturb them.

Should the disease invade the larynx a surgeon must be called in early, that he may seize the proper time in his judgment for interference.

Any form of treatment for the throat should embody simplicity and ease of application; the remedy the patient takes to most kindly is the one for our use, as we know of nothing which will offset the harm done by resistance.

We know of no antidote to the poison and so must rest content with combatting its effects. That the symptoms produced are due to a poison is stated clearly and positively by Dr. Prudden in his recent article on the "Etiology of Diphtheria," he says "That the poison locally produced by the Lœffler bacillus can and usually does alone cause, the characteristic systemic effects in primary diphtheria is well established." The one effect of the poisan which gives us most concern is the failure of the heart to do its duty. This we know and this knowledge is to be a constant stimulus to keep us from doing anything which will add a feather's weight to the work of the heart; not only so, but that work must be made as light as possible; the patient must keep the prone position from the outset, the rule to be relaxed under no conditions, even for one, though better for two weeks after convalescence has been established, the patient should be kept rigidly on the back. Alcohol is the ally called in by universal consent to aid us in overcoming this tendency of the poison. In view of this condition of the heart any applications to the throat or forms of medication which call out any resistance on the part of the patient or the exercise of his bodily powers must be looked upon with suspicion, for it is best that we should hold to the knowledge we have, that any increase in the work of the heart will aid the poison in its work of death. Calomel may ordinarily do no harm, but if it cause an increasee in the number of stools, the exertion caused by the more frequent use of the bed-pan may result in much harm. The stomach is also to be guarded, in that it receives only nourishing food, easy of digestion; thus the heart muscle shall have plenty to feed upon and a full stomach, even after convalescence shall have been sometime established, shall not be allowed to diminish the space needed for the full action of the heart. Milk is the diet upon which we rely and which will usually meet the indications.

We know, in the second place, that the red blood corpuscles fail to fully perform their functions; they do not carry oxygen as they should, the pale, often profoundly anæmic condition of the patient proving this to the most careless

observer. As we looked to alcohol to meet the indications in regard to the heart, so we look to iron to meet the indications in regard to the blood, and experience confirms our trust. The iron must be quickly and readily absorbed and the muriated tincture with glycerine seems to be one of the best forms of administration. This at the present day seems to be the extent of our knowledge, and if we push on further we must enter the field of speculation; as witness the use of the bichloride of mercury. We do not rally about this as we do about alcohol and iron; its use is speculative, and if what we have heard of the habits of the bacillus of diphtheria be true, as from the evidence it must be, it is difficult to see how a germicide given by the mouth can kill micro-organisms which do not get into the blood, and this seems confirmed by the fact that there is no consensus of opinion as to its utility.

Another point upon which we posses valuable knowledge is that by destroying the bacilli, by means well known and easily applied, the spread of the disease can be prevented. This disease is thus made to rank with typhoid fever, phthisis and others in which, if the discharges from the parts affected be thoroughly and at once destroyed the disease can be confined to the person affected. The difficulty here is not that we are deficient in knowledge, but for many reasons we do not put it to a practical use. A writer has said, with much truth, that municipal prophylaxis in diphtheria is as useless as in puerperal fever; that is, we are forced to the personal equation, take care of the thorough disinfection of the patient and his surroundings and the spread of the disease will be stopped. Dr. Prudden in the article noted above, says: "It should be clearly held in mind by those eager to draw from experimental studies on the etiology of this disease such practical lessons as shall be of value in treatment, that whether one or more causative agents are at work in setting up those acute infectious diseases which are associated with the formation of a pseudo-membrane, it seems to be fully established that in all cases the seat of infection and the origin of the mischief is always a local one. All these experiments point to the paramount importance of efficient local germicidal treatment, and this is equally important, whether the bacillus of Lœffler or the streptococcus, or both together be the infecting agent." The evidence thus seems clear that we know the following in regard to the treatment of diphtheria, and whatever else we do should assume a secondary place.

1st. The effect of isolation and thorough disinfection in preventing the spread of the disease.

2nd. The need of alcohol and iron to influence for good the heart and blood; the value of milk as the chief article of diet.

3rd. The need of quiet and rest in bed and the importance of looking upon these as governing our choice of applications to the throat and other forms of medication.

4th. The necessity of calling early upon the surgeon when the disease invades the larynx.

5th. The value of as great cleanliness of the pharynx and nares as the condition of the patient will permit.

Three vexed questions still wait for answers:

1st. How shall the membrane be dissolved?

2nd. How shall the bacilli be destroyed at the seat of invasion?

3rd. What is the antidote to the poison?

We are patiently waiting for an answer to one or all of these questions, and as the ablest men are putting forth all their energies in the search for answers, we look confidently for the day when diphtheria shall be as rare as pyæmia or small-pox?

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD THURSDAY, APRIL 8, 1891.

The 725th meeting of the Society was called to order by the president Dr. David Streett.

Minutes of previous meeting read and approved.

Dr. Wilmer Brinton, exhibited a patient with

PURPURA HÆMORRHAGICA RHEUMATICA.

Male, æt 26, came under care about ten weeks ago for an attack of rheumatism. Family history good, except that his father died of epithelioma of the lip. In the course of the last ten weeks his entire body has been covered with hæmorrhagic spots. The throat and conjunctiva are involved, but no other mucous membrane, except, perhaps the genito-urinary tract, but as he has taken turpentine to the point of strangury, the blood in the urine may be due to that cause and not to any purpuric manifestation in the genito-urinary tract. His gums have been firm and appetite good throughout the attack, which has been in his favor. He has taken, during the last ten weeks, gallic acid, iron, ergot, turpentine etc., and at times he would seem to improve, but in a day or two his body would become covered over again with a fresh crop of purpuric spots. The spots are smaller at this time than they have been heretofore. He had a patch on the right side, some days ago that was about 5x10 inches in size, where a mustard plaster had been. In answer to inquires, he said that the patient had not taken any antipyrine to his knowledge.

Dr. D. W. Cathell said he had been fortunate in not being called upon to treat many such cases, he had seen eight or ten, but this case does not resemble any that he had ever seen. This is evidently due to a depraved condition of the blood, the spots in this case are so well defined and discreet, they do not coalesce and do not show the lemon color on fading. In the other cases he had seen, the hæmorrhawic areas were large blotches, some of which would measure 7x10 in. As to treatment, he had found Blancard's iodide of iron pills to be beneficial in some of his cases.

Dr. F. C. Bressler, said he had seen three or four cases, the first of which was an Italian, in whose case the purpuric spots were very marked about the joints, the case responded very slowly to treatment and finally passed out of his hands. About six weeks ago a young man came to his office, whose nose had been bleeding for some time. He had to plug the nostrils finally to control it. He was given some fluid axt. of hamamelis. Next day he had some hæmorrhagic spots on the mucous membrane of the lips, but the extravasations were not extensive, he recovered under aromatic sulphuric acid. The reason he had asked if antipyrine had been administered was, that we know that drugs sometimes cause these extravasations, and he thought it might possibly be traced to some such cause. It was thought that purpura was a disease of the blood, but this view has been abandoned now, it is one of two things, either some toxic material circulating in the blood or a disease of the vessel walls, allowing of the extravasation of the blood through them into the adjacent tissues.

Dr. D. W. Cathell exhibited a case of

ALOPECIA UNIVERSALIS.

A man, æt. 39, family history good, there has not as yet been a death in the immediate family. The patient had never had occasion for the services of a doctor at any time in his life until he had "La Grippe" in February 1890. The attack was of nine days duration and he was treated by a druggist. During the next month (March) he noticed little patches of baldness here and there and in May it extended from his head to his whiskers. He shaved for the last time on the 6th of October 1890. At present (April 23, 1891), there is not a hair on his body. From being a man with an abundance of hair (as shown by his picture), with a heavy growth of whiskers, that barbers did not care to have him as a customer, he is now entirely and universally bald. He is in perfect health now, except a little dysuria. There are parasitic diseases which might destroy the hair but these diseases are infectious, and as the patient has a family, they would be most likely to become infected, but as they show no infection whatever, we may disregard that source as the cause of the present condition. He was inclined to the belief that it was due to some glandular disturbance, possibly an interference with the nutrition of the hair follicles.

Dr. F. C. Bressler said these cases are very rare and the ætiology is obscure, there are two theories in regard to it, one that it is neurotic and the other that it is due to a bacteria, the neurotic theory seems to be received with more favor of the two. Prentiss of Washington has reported that jaborandi has a stimulating effect on the growth of hair, in that it restores gray hair to its natural color. It is questionable whether jaborandi would be beneficial in this case, but it might be worth a trial.

Dr. Thomas A. Ashby exhibited a specimen of

RUPTURED TUBAL PREGNANCY.

A colored woman was suddenly seized with pain and collapse: her physician was called in and diagnosed a ruptured tubal pregnancy. Dr. Ashby was sent for and agreed in that diagnosis, but her surroundings were such that he thought it inexpedient to operate unless she could be removed. In two or three days she had another attack and she was brought into the Maryland General Hospital. She developed a peritonitis and on April 21, he did a laparotomy. The pelvis was full of bloody serum and blood clots, the ruptured tube was excised and about half of the omentum had to be removed on account of its gangrenous appearance. She is doing fairly well, though she is not yet out of danger. She may perish from peritonitis or from septic trouble. The fœtus in this case was not recognized, as is often the case in early ruptures: This occurred in the eigth or ninth week of gestation. The development of the fœtus after rupture is dependent on the site of the rupture. If the rupture takes place into the peritoneum, the fœtus is apt to perish, if it takes place in the broad ligament it may go on to further development. Rupture generally occurs early, between the fifth and twelfth week, if it goes on bepond the 12th, or 13th, week, it may go on to maturity. In answer to the question "how long would you wait before operating?" he said, it would depend on the surroundings of the patient. If the surroundings were such that asepsis could be attained, it would be advisable to operate immediately, if the surroundings were unfavorable, an effort should be made to tide her over until she could be moved to where the conditions would be more favorable. If the rupture occurs in the peritoneum she may bleed to death in a short time, if it occurs in the broad ligament she has a better chance.

Dr. Wilmer Brinton said in the last ten years there has been a decided advance in our knowledge on this subject. Electricity is being abandoned and it is being

generally accepted that laparotomy is the best treatment. But every doctor cannot do a laparotomy, and electricity in the hands of the average man will continue to be used. It is important that a diagnosis should be made in these cases He knew of a case where the physician was called and saw the case within an hour of the attack, the doctor took it to be a case of colic, and gave her morphia and left some for her to take. He was sent for again and saw her within seven hours from the attack and she died while he was there.

Dr. F. C. Bressler said this condition cannot be recognized before rupture takes place, this is accepted, so the general practitioner should bear in mind the possibility of an ectopic gestation when he is consulted by a woman for irregular menstruation, and where there are any of the earlier signs of pregnancy.

J. Wm. Funck, M. D., Rec. and Rep't Sect'y.

1710 W. Fayette St.

"TROPHIC CENTRES IN THE CORD."

Under this title M. Brissaud has contributed an important and suggestive paper, which appears in a recent number of the *Archives de Neurologie*. The paper deals primarily with the subject of alcoholic neuritis, and the subject discussed is whether associated with the changes, which are acknowledged to be present in the peripheral nerves, there may not co-exist in the spinal cord some change in the cells of the anterior horns of the grey matter. It is not denied that the chief force of the poison seems to expend itself on the peripheral nerves in alcoholic paralysis, as in other forms of toxæmia in which weakness and muscular wasting are observed, such as lead palsy; but the author contends that, as in some of those cases, there certainly are changes in the grey matter of the cord; so, it may be, similar or analogous changes may at times be recognizable in cases of multiple neuritis from alcohol. Changes of this nature have actually been described by d'Oettinger and Korsakoff, and by Finlay and Sharkey, and the author points out the probability of such changes occurring especially when the symptoms of muscular weakness and wasting with localized pain are confined to the region of distribution of a certain nerve or plexus of nerves. And even if changes in the cord are not recognized; it does not follow that they are not present, for it may be that changes do exist which by our present methods are still unrecognizable. A curious fact in this connection is that mentioned by M. Raymond, who produced artificially a slight degree of myelitis in animals, the symptoms of which soon disappeared. When the animals were killed a year or eighteen months later examination could reveal no trace of the original myelitis, but the nerves in connection with the injured segment of the cord were not unfrequently found to have undergone profound alteration.—*Lancet.*

The Health Office of Milwaukee has issued a new blank for death certificates, in which "the cause of death" has been divided into primary and secondary, and giving an explanation of what is meant by primary cause and secondary cause. Physicians are also obliged to fill out the personal details of the deceased, and forward the certificate to the Health Office. The blank is similar to the one in use in Boston a few years ago, which medical men were glad to see abolished. There are some good suggestions on the Milwaukee blank: "In case of death from hæmorrhage state the place of hæmorrhage. Avoid general terms, as disease of brain, of liver, of spine, of lungs, etc., and report the general character of disease. Whenever it is possible to be specific, do not report old age, debility paralysis of brain, heart failure or breath failure, and like terms of indefinite meaning.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor. JOSEPH E. GICHNER, M. D., Associate Editor.

Subscription $3.00 *per annum, payable in advance.*

Contributions from practitioners in good standing invited, and advertisements from reliable houses solicited.

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All communications relating to the editorial department of the JOURNAL and books for review, should be addressed to the editor.

Address all business communications to the

JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.

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BALTIMORE, MAY 30, 1891.

Editorial.

TRACHEAL TUGGING.

In speaking of the diagnostic marks of aneurisms of the thoracic aorta, Da Costa, in his *Medical Diagnosis*, admits that in many cases they are obscure or even wholly wanting, so that neither the exact seat of the trouble nor the particular tissues upon which the aneurism presses, can be determined. Symptoms like those of angina pectoris point to the ascending aorta; intense dyspnœa, to the descending thoracic aorta; while laryngeal stridor and other laryngeal symptoms indicate that the posterior and lower portions of the arch are involved.

In 1878, Dr. Oliver called attention in the *Lancet* to a new diagnostic sign of aneurism of the ascending transverse portion of the aortic arch, stating that, if the patient were caused to stand erect, with closed mouth and strongly elevated chin, the physician could, by grasping the cricoid cartilage between the finger and thumb and exercising gentle upward pressure upon it, distinctly feel the pulsations of the aorta transmitted through the trachea to the hand.

The manner in which this "tracheal tugging" is produced is very evident upon study of the anatomical relations between the arch of the anatomical relations between the arch of the aorta and the left bronchus and trachea. The left bronchus, in order to reach the lung, passes closely beneath the arch of the aorta, which rides directly upon it.

When the aorta is in a normal condition, it seems that no marked pressure is exerted by it, at each impulse of the heart, upon the trachea and bronchus, because, while the aorta *expands* at each beat as it receives the impelled blood, it also at the same time lengthens and *straightens out*. If, however, the ascending and transverse portions are dilated or affected by aneurism, especially where they rest upon the trachea and bronchus, then with each impulse of the heart the overdistended portions of the aorta press upon the underling bronchus and drag it downward toward

the abdomen. If, now, the trachea be put upon the stretch by extreme elevation of the chin, the cricoid cartilage upon which the fingers of the observer rest will be pulled downward at each heart-beat. This tugging is easily distinguished by a careful observer from the strong throbbing of the carotids, which may be present.

In the *Lancet* for March 7th and 21st, 1891, Dr. Macdonnell presents a careful review of all the cases occurring in the Montreal Central Hospital since 1878, in which notes were made concerning this symptom. The cases, twenty-three in number, are briefly described and classified and two other cases are added from private practice.

The conclusions which he draws are as follows:

1st, Tracheal tugging is never present except in aneurism.

2nd, When tracheal tugging is present, the aneurysm is so situated as to press from above downwards on the left bronchus, or upon that portion of the trachea immediately adjacent to it.

3rd, Tracheal tugging may be present when many other physical signs and symptoms are absent.

4th, Tracheal tugging does not occur in aneurysms which do not involve the transverse arch.

5th, Direct pressure on the trachea (not in the crotch formed by the trachea ond left bronchus, but against the tracheal tube laterally as by enlarged thoracic glands and by aneurysms of the innominate artery), does not cause tracheal tugging.

Tracheal tugging is a very early symptom in the history of a case. Whenever it occurred, it was present at entrance into the hospital. It is easier to detect than laryngeal paralysis, a symptom which often accompanies it.

INFLUENZA.

In looking over the history of this interesting disease, which the younger generation had occasion to study for the first time during last year's prevalence, as it had not appeared since 1847, we find some curious points about it. There is a tendency of the disease to recur at long intervals, with each recurrence marked by two or three epidemics following each other within a short time.

That our modern modes of travel and transit which makes such rapid circuit around the world has a determining influence on the length of time between each epidemic we cannot deny, and a look at the following figures† shows some interesting facts: We find, on referring to Dr. Symes Thompson's historical survey in his edition of his father's work on Influenza, that an epidemic occurred in 1510, and again in 1557 and 1580. A long interval then elapsed without reliable records until 1658, 1675 and 1710. A series then occurred—1732-3-7 8-43—during which the disease was scarcely absent for more than three or four consecutive years. After an interval of fifteen years came the epidemics of 1758-62-67-75-82. Twenty years then passed till the 1803 epidemic; then, after an interval of twenty-eight years, that of 1831. As in the preceding century, the "thirties"

†Brit. Med. Jour.

proved fertile, for 1831 33, and 1837 were all years of marked epidemic prevalence. Ten years later came the 1847 epidemic, which Dr. Peacock desbribed so accurately; then, after an interval of forty-two years, that of 1889-90, to be followed this year by further epidemic prevalence.

The essential nature of this malady has not been given the proper considerations; only the general expressions have been treated, and we are still uncertain as to the true nature of this insidious disease. The main symptoms and sequelæ of this year's epidemic, even more than last years, seem to point to the theory that influenza is essentially an affection of the cerebro spinal nerve centres and that the various catarrhs and local inflammations which are apt to accompany or follow primary attacks are of the nature of complications. While many cases which we have observed, especially in the young, have been so mild that the symptoms which would tend to verify the above expressed view were so faintly marked and transient as to elude observation, we could in many cases refer the symptoms to a profound impression upon the nerve centres. The intense pain in the head and back, extreme lassitude, inability of concentration of thoughts, and in many cases mild delirium and illusions with terror, as well as the vaso-motor disturbances characterized by incessant sweating, the great thirst and the loss of body heat upon slight exertion of either mind and body, all point to the above-mentioned theory. The sequelæ, great anæmia and neuritis of various kinds, were more marked in this than last years' epidemic, with a corresponding decrease of the catarrhal and inflammatory symptoms.

In England there is authorized inquiry being made into the causation of this malady and we will soon hear of important modes of prophylaxis, of which, as regards influenza, we are entirely ignorant.

Reviews, Books and Pamphlets.

Treatise on Surgery. Mansell-Moulin. A perusal of this work will convince any one of its merit to a place among the standard works on surgery of the present day. In style it is concise and clear, and though, owing to the impossibility of cramming, in a single volume, the whole domain of surgery of the present day, it deals rather with general principles than with literature and detail, yet it is comprehensive enough to make a valuable guide for the general surgeon and an admirable text-book for the student; in fact, as a text-book it is equal to any of the works in general use. The introduction of many new plates, all of which are good, and some especially instructive, adds to the interest of the book. The plates on dislocations and those on hernia and intestinal surgery are particularly good. Altogether the work is one which is worthy of a place in the library of every surgeon and student of surgery.

The Nervous System in the Treatment of Consumption. By Thomas J. Mays, M. D. Reprint from *Trans. Phila. County Med. Society.*

An Address delivered before California State Medical Society. By W. R. Cluness, M. D. Reprint from *Occidental Medical Times.*

Does Segregation Diminish the Prevalence of Pulmonary Consumption? By T. J. MAYS, M. D., of Philadelphia.

A Consideration of Some of the Parts of a Microscope Stand, of Interest to Pharmacists. By Dr. H. M. WHELPLEY, F. R. M. S.. Reprint *Popular Science News.*

Special Report on the Prevalence of Typhoid or Entero-Miasmatic Fever at Cumberland, Md. By C. W. CHANCELLOR, M. D., Secretary Marylad State Board of Health.

The Effect of Arterio-Sclerosis upon the Central Nervous System. By GEORGE J. PRESTON, M. D. *Report on the Ophtholmoscopic Examination of Dr. Preston's Cases.* By HARRY FRIEDENWALD, M. D. Reprint.

Correspondence.

LONDON LETTER.

INFLUENZA AGAIN.—DEATH OF MADAME BLAVATSKY.—DEGREE FOR LONDON MEDICAL STUDENTS.—EDINBURGH UNIVERSITY.—TRICUSPID MURMURS AND RIGHT-SIDED DILATATION.—PROF. GAIRDNER ON NEW DRUGS.—BRITISH MEDICAL ASSOCIATION.

The influenza epidemic has shown a large increase during the last week, and fatal cases, chiefly from pneumonia, are reported both in London and the Provinces. Sheffield appears to have suffered severely, for the latest weekly return shows 112 deaths from influenza, out of 458 from all causes. In Birmingham, Mr. Bartleet, a well-known surgeon, president of the Surgical Section at the last meeting of the British Medical Association, died of this mysterious malady after a few days' illness. In the outside public the latest victim has been Madame Blavatsky, famous as the founder and high priestess of the cult of theosophy. The work of the Manchester ship canal has been actually suspended for a time, and one correspondent gives a graphic picture of able-bodied navies prostrated and almost crying with the pain. A great many members of Parliament have been laid up, yet, notwithstanding the widespread and fatal nature of this recurrence of last years' attack, nothing like the same amount of interest and excitement has been aroused.

The ancient grievance of the London students in not being able to get a degree except on practically prohibitive conditions, is to be removed. A preliminary draft of the new scheme has been published by the University of London. As the proposal stands it will meet with a good deal of opposition, but there is no doubt that in the long run the student will get what he wants, a London degree on reasonable terms. To a great extent this looks very much like shutting the stable door after the steed has been stolen. Year after year students have been driven away to Durham, to the Scotch and Irish universities in search of a degree, and have thereby detracted greatly from the fame and emolument of the London schools. No teaching centre has attracted more men than Edinburgh, which has built up a systematic curriculum on the sure foundations of many years' experience. The new University buildings are magnificently equipped, especially for practical instruction in physiology, materia medica, pathology and public health. The London schools will have an immense amount of lee-way to make up. It is indeed a sign of the times when the Senate of The London bestirred itself in the direction of reform. Probably in no other part of the world could a liberal

profession be found more absolutely conservative, and under the thumb of wire-pulling boards than that of medicine in England. An excellent instance of the case in point is afforded by the action of the Council of the College of Surgeons, which handed in its approval of the new University scheme without consulting its constituents—to wit, the members and fellows. The latter have entered an indignant protest, which, in the ordinary course of events, will probably be entirely ignored by the autocratic clique at the head of affairs in Lincoln's Inn Fields. Some points of physical diagnosis insisted on in the Edinburgh school are worthy of attention. The term "apex-beat" is very loosely applied, and it would often be more correct to state that pulsation is visible in this or that area of the chest. What we often call "apex-beat" is nothing of the kind in many cases, but is really the tramsmitted movement of the right ventricle. The common sign of right-sided dilatation is generally said to be epigastric pulsation, and that condition is undoubtedly present in many instances. Pulsation, however, in the third, fourth and fifth spaces to the left of the sternum is held to be eqally an evidence of dilatation, and also to be more frequently present. Then the teaching with regard to the tricupsid murmur has undergone a complete revolution, for instead of being regarded as of very rare occurrence it is now held to be one of the commonest. The point of maximum intensity is said to be at the xiphoid, but this is by no means invariably the case. A typical tricuspid murmur is heard over the whole right heart, but commonly attains its maximum intensity over the lower third or two-thirds of the sternum. The important bearing of these parts on practical diagnosis is evident. How for instance, are murmurs of tricuspid or mitral origin to be differentiated? To do so by means of the stethoscope is in many cases impossible, and the observer then has to depend on other evidence, such as the presence of pulmonary congestion or pulsating veins.

The death struggles of the Koch craze have furnished as one might expect suggestive text, both to public speakers and to the medical journals. One of the most striking of these productions has been the address of Professor Gairdner, at Belfast. Among other things he insisted on the absolute necessity of individual observation, as well as of scientific co-operation. With regard to the overwhelming number of new remedies he quoted Dr. Whitla's words. "The indication is not at present for more new remedies, but for better and more precise knowledge of those that are already in our hands. It seems as if one of our very greatest barriers to progress is to be found in the ever increasing number of new drugs which pours in upon us at a rate which prevents that thorough testing of their qualities and actions so necessary before the range of the new weapons can be accurately determined." The practice of huge American and English drug houses who are flooding this country with ready-made remedies and out-and-out formulæ for every ache and symptom that flesh is heir to is styled the *new poly-pharmacy*. The professor asks shall he disregard the voice of the charmer, and let the novelty severely alone, or shall he on the other hand, strive to extract the greatest possible amount of benefit, or of credit, or of guineas out of ever new remedy in its turn? A temperate review of the rise and progress of tuberculin wound up; "from the wild rush at Christmas and for some time thereafter, in search of immediate salvation at Berlin, to the contemplative, profoundly sceptic and even pitiful state of discouragemeut in which we find ourselves in April is a long stride in the way of 'reaction' and we can only hope that something of more or less permanent value may survive the discomfiture." Dr. Gairdner suggests a number of therapeutic committees dispersed all over the country, but affiliated to a central authority.

The fifty-ninth annual meeting of the British Eedical Association is announced to take place on the last four days of July at Bournemouth. Visitors from abroad who attended the last meeting will be able to contrast one of our most charming sea-side resorts with Birmingham, which is admittedly one of the grimiest of our manufacturing towns. Bernmouth, as most people know, is a sea-side town in Dorset, almost opposite the the Isle of Wight. It is famous for its pine woods, and is much frequented by consumptives, who find the atmosphere mild and bracing. The place has grown very considerably of late years and has become a centre of fashion. There is no lack of hotels, as well as of boarding and lodging houses of all kinds and descriptions, still, the sudden incursion of any army of association members is likely to strain all the accommodation the place can afford to the uttermost. A general invitation has been issued to members of the profession to exhibit objects of interest in the Museum. Inventors and manufacturers can also make their entries at a trifling cost for ground space. In either case applications should be sent to the Secretary of the Museum Committe, Astolat, Bournemouth, before the 20 th of June next.

DAVID WALSH.

Medical Progress.

EPITHELIOMA ON THE LOWER LIP IN A MAN AGED 102 YEARS; REMOVAL; RECOVERY.

W. H. Jalland, F.R. C. S., Surgeon to the York County Hospital, in *Brit. Med. Jour.*, May 9th: Centenarians are rare, and when they are the subjects of successful surgical operations I think the fact worthy of record. The following case I saw with my friend, Mr. Trotter, of Pocklington. The day on which I first saw the patient he had walked a mile to Mr. Trotter's house to see me, and as he was most anxious to have the cancer removed. I consented to take him into theYork County Hospital for that purpose. Unfortunately, there is no entry in any register that can be procured which proves the accuracy of the man's statement, but the following extract from a local paper the(*Pockington Weekly News*(the facts in which were supplied by the man's relatives), is fairly conclusive that the statement may be relied upon. Langrick's daughter tells me that the brother mentioned in the paragraph died on February 2nd, 1875.

"In these columns some time ago we spoke of a resident in this neighborhood who was supposed to have reached an extraordinary age, John Langrick, who has for some time lived at Pockington, is said to be in his 103rd. year. Unfortunately, his age cannot be verified by an official register, but he had a brother who died fifteen years ago aged 85, and John was two years his senior. He only just escaped fighting in the battle of Waterloo by an injury to his leg, a brother of his taking part in that memorable engagement. He has grand-children over 50 years of age, so that, although his age cannot be actually verified by the parish register, he must be from other evidence a centenarian. We are sorry to learn that our aged friend is now an inmate of the York County Hospital, where he had to undergo an operation for cancer on the under lip."

J. L., aged 102,† was admitted on October 18th, 1890, with a small growth springing from the centre of the lower lip, appearantly from the junction of the

†The daily dapers of April 15th stated that two centenarians were returned on the census papers in East Yorkshire: Mrs. Dinah Leak of Driffield, and M. John Langrick, of Pocklington, both aged 102.

skin and mucous membrane; it was raised and ulcerated, the edges were coated and hard, and the surrounding skin infiltrated; there had been no pain except for a week before admission. He said that it had existed for eight weeks, but could assign no cause for it, except possibly a cut whilst shaving. A gland below the jaw on the left side was slightly enlarged. He had previously been very healthy all his life, not having had three weeks in bed during the whole of it, until last year, when he had "two or three strokes;" he lost his speech in one of these (in April, 1890) for some days. He had neser smoked or taken spirits, in fact he says he has never taken any alcohol.

All his senses were clear, except that he was rather deaf, but not extremely so. His memory was good, speech perfect, sight fair. His weight was eight stone without his clothes; his height five feet two inches when erect, but he usually stooped so much as to take off nearly nine inches of this; there was no indication of any atheromatous change either in the radial or temporal arteries.

On October 21st, I removed the growth by a V-shaped incision, and untied the edges of the wound by two hair-lip pins. No anæsthetic was used, the patient being given half an ounce of brandy before the operation; he hardly winced during it and did not make any signs of pain. There was hardly any blood lost and no vessels tied. On the third day after the operation the pins were removed. The wound healed well; it ulcerated for some four or five days longer opposite the incision, but finally healed completely. The patient was never in bed during his stay in the hospital, except at night. The day following the removal he remarked that it felt more comfortable than before the operation.

The notes and photograph of the case during the time he was in the hospital were taken by Mr. R. J. Hutchinson.

Medical Items.

Seventeen members of the Canadian House of Parliament are physicians.

A British Pasteur Institute has been organized at Cambridge.

Dr. James N. Martin has been appointed Professor of Obstetrics and Diseases of Women at the University of Michigan. He filled the chair since Professor Dunster's death.

It will be generally remembered that the newspapers of the country recently reported that Dr. Wm. A. Hammond had charged Senator Stanford $5,000 for removing a wen from the scalp. This is pronounced a criminal libel by Dr. Hammond, and he has had a warrant issued against Mr. William L. Crouse, Washington correspondent of the New York *World*, for sending such a libel for publication to his paper.

Texas has always had just occassion to feel proud of its products, but the following, reported by Dr. A. P. Brown, of Fort Worth (*Medical Standard*), will perhaps awaken somewhat contradictory emotions. Dr. Brown writes: "I lately saw a three and one-half year old, weighing sixty-eight pounds, ruddy, fat, and jolly, who has hair two and one-half inches long on his pubis and a penis four and one-half inches long, one inch in diameter, and about four and one-half inches in circumference. There is no prepuce. It is believed he has a tolerably good idea what a penis is used for outside of urination."

At the meeting of the Trustees of the University of Pennsylvania, held May 21, Dr. Pepper made an offer of $50,000 towards an endowment fund of $250,000, and of $1000 annually towards a guarantee fund of $20,000 annually, for five years, conditioned upon the establishment of an obligatory graded four-year course of medical study. This was accompanied by a communication from the Medical Faculty, pledging themselves to carry out this proposal, and to enter upon the four-year course in September, 1893. It was also reported that the members of the Medical Faculty had themselves subscribed $10,000 annually for five years to the endowment fund. The Board of Trustees expressed warm approval of the proposed advance in medical education, but postponed their assent until the success of both funds had been demonstrated.

The approaching completion of the fine Laboratory of Hygiene, built by Henry C. Lea, Esq., will render the medical facilities of this school unequaled. It is to be hoped that the necessary pledges will be secured promply, as the interest of the entire community are deeply involved in the success of this great advance, which will enable medical students to obtain a thorough practical education in every branch of their profession.

Last year, while travelling upon the Boston and Maine Railroad, Mr. George A. Matthews was injured. Subsequently he claimed that his nervous system had been shattered, and sues for $50,000, damages. As he cannot now bear to hear the rumble of cars nor the sound of escaping steam, he has secluded himself in a town in the hills some fifty miles from the sea-board. There thirteen lawyers and doctors gathered recently to listen to his deposition and to testify. It was found that he could ride in a carriage and sail in a sailing craft, whereupon the Boston and Maine people offered to furnish a team and a sailing yacht to Boston two hundred and fifty miles, free of all expense to Matthews. In fact the railroad company demanded of him that he so travel and attend the trial in person, and the injured man agreed to do so.

The Arkansas Legislature has enacted a law providing for the revocation of physicians' licenses for unprofessional conduct. The law is aimed chiefly at the Hot Springs physicians. Regarding this class, the *Journal af the Medical Society of Arkansas*, says: "Recently a physician visited Hot Springs and there met a doctor whom he had known in former years, and who was then poor but respectable. In response to the usual inquiry as to how the Hot Springs doctor was getting along, the latter replied that he was doing a regular *'cut throat'* business, employed drummers, and 'stood in' with the hotel people, paying to the latter classes one half of all the fees collected from patients roped to him by them; that he had to keep a revolver in his desk all the time, because when patients found out they had been drummed they frequently returned to him and demanded their money, and he had to bluff them off and be prepared to defend himself; that all the Hot Springs drumming doctors did the same way, and added that they all drummed in one way or other." It would look, from the above, as if the new Arkansas law had a rich field in which to exercise.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 12, 1891, TO MAY 25, 1891.

Lieut. Col. Dallas Bacht, Surgeon, is relieved from duty as a member of the Army Medical Examining Board, New York City, and will return to his proper station, Omaha, Neb., and resume his duties as Medical Director, Department of the Platte.

The extension of ordinary leave of absence granted Capt. Henry P. Birmingham, Asst. Surgeon, is changed to leave of absence on account of sickness, to date from May 1st.

Lieut. Col. James C. McKee, Surgeon, having been found incapacitated for active service by an Army Retiring Board, is granted leave of absence until further orders, on account of disability.

Leave of absence for one month to commence on or about the 23rd inst., is granted to Captain Marshall W. Woods, Asst. Surgeon.

Capt. William B. Banester, Assist. Surgeon, is assigned to duty as Medical Officer with Troop B, 6th Cav., while en route from Fort Myer, Va., to Fort Washakie, Wy. On arrival of the troop at its destination, Capt. Banister will return to his station at Washington Barracks.

Capt. George McCreery, Asst. Surgeon, is relieved from duty at Fort Clark, Texas, and will report in person to the commanding officer, Fort McIntosh, Texas, for duty at that post.

Capt. John O. Skinner, Asst. Surgeon, Fort Davis, Texas, will proceed at once to Fort Clark, Texas, and report to the commanding officer for temporary duty.

The following assignments of recently appointed medical officers are ordered: 1st Lieut. Wm. F. Lippitt, Jr., Asst. Surgeon, will report in person for duty to the commanding officer, Fort McPherson, Ga. 1st Lieut. Benjamin Brooke, Asst. Surgeon, will report in person to the commanding, Fort Riley, Kan. 1st Lieut. Merritt W. Ireland, Asst. Surgeon, will proceed from Columbus City, Ind., to Jefferson Barracks, Mo., and report in person for duty to commanding officer of that post. 1st Lieut. George M. Wells, Asst. Surgeon, will proceed from Paoli, Ind., to Coleman's Barrack's, Ohio, and report in person for duty to the commanding officer of that post.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE TWO WEEKS ENDING MAY 9, 1891.

P. M. Carrington, Pd. Asst. Surgeon, granted leave of absence for twenty-three days.

W. D. Bratton, Pd. Asst. Surgeon, when relieved at Portland, Oregon, to proceed to Chicago for duty.

G. M. Magruder, Pd. Asst Surg., detailed as recorder of board for physical examination of candidates for appointment, Revenue Marine Service.

A. W. Condict, Asst. Surgeon, relieved from duty at Chicago, Ill., ordered to Portland, Oregon.

H. D. Geddings, Asst. Surgeon, to proceed to New York on special duty.

B. W. Brown, Asst Surgeon, to report to commanding officer revenue steamer Rush on the 13th inst.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR TWO WEEKS ENDING MAY 23, 1891.

Pd. Asst. Surgeon W. H. Rush detached from Saratoga and prepare for sea.

Pd. Asst. Surgeon S. W. Atlee detached from Navy Yard League Island and to Saratoga.

Asst. Surgeon C. DeW. Brownell ordered to Navy Yard, League Island, Pa.

Surgeon T. H. Streets detached from Naval Examining Board and prepare for sea.

Surgeon B. S. Mackie, ordered as member of Naval Examining Board.

Pd. Asst. Surgeon Philip Leach orders to the practice ship Constellation revoked.

Surgeon George A. Bright detached from Omaha and granted three months leave of absence.

Pd. Asst. Surgeon V. C. B. Means detached from Omaha and granted three months leave of absence.

Asst. Surg. Jas. F. Keeny ordered for examination in preliminary to promotion to Pd. Asst. Surgeon.

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REPORT ON OBSTETRICS, MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

BY J. EDWIN MICHAEL, M. D., CHAIRMAN.

Mr. President and Gentlemen of the Faculty:—The too indulgent courtesy of our former president has laid upon me a task for which I feel that I am little fitted, but since the appointment signalises the new departure I have taken in professional work, I cannot but express my gratitude for it, and the hope that what I have to lay before you may at least be worthy of your attention. Following the custom which has grown up in the Faculty since the increase of current medical literature made it unnecessary to give an epitome of progress in the whole subject under the control of a section, I have carefully scanned the field of obstetrics and selected that which seems to me to be of most inportance to the general practitioner, as the subject of my remarks. The matter is somewhat old and has been much written upon, but it still occupies the first place, and there are still certain points about which there are differences of opinion both as to theory and practice which are well worth consideration. Obstetrical antisepsis like surgical antisepsis, has had its periods of development. The neglect of pre-antiseptic times gave place to the complicated and dangerous technique which the

*Read before Medical and Chirurgical Faculty of Maryland, held April 28, 1890.

first burst of enthusiasm is responsible for, and careful study at the bedside has had the effect of eliminating dangerous procedures and simplifying methods, until, while we are not yet justified in saying that the method has reached its ideal perfection, it has undergone very marked development and reached a stage of wonderful utility. The able paper read by Prof. T. G. Thomas, on Dec. 6th., 1883, before the New York Academy of Medicine, and in which advanced ground was taken in support of antiseptic precautions in all obstetrical cases, attracted widespread attention in this country and abroad, and while it did much good in making the profession aware of the importance of the subject, was not without evil effect in that, following the natural bent of humanity, to go to extremes, many physicians gave intrauterine douches without stint on the smallest provocation, and in many cases did much, even fatal mischief thereby. Two cases present themselves in this connection. The wife of a physician was confined, and I was called to see her on the fourth or fifth day in consultation. I found her in *articulo mortis*. Inquiry revealed the fact that after delivery, her uterus had been washed out, and that without any very definite indication, and that the washing had been done through a catheter which had previously been used for another purpose. In the fall of the same year, I was called to see a beautiful young woman who complained of certain well known symptoms. She had been married several months, and, not to mince matters, was in the family way. Less than a year afterwards I saw the husband with a black band on his hat. Upon inquiry he told me that his wife had been confined normally and she had so far recovered on the tenth day that she was sitting up. Her physician was called away and she was placed in the care of a brother practitioner. Upon paying his first visit the new doctor inquired if her womb had been washed out. Upon a negative answer being given he insisted that this should be done and did it. On the third day thereafter there was a decided chill followed by high fever and in four or five days the woman was a corpse. These cases, it is true, show more to the discredit of the physicians in charge than of the theory of antisepsis, but they are but types of what occurred in many instances during what might be called the meddlesome stage in the development of obstetrical antisepsis. Such experiences made a well nigh indelible impression on the minds of many practitioners, and created a prejudice against obstetrical antisepsis which in many cases still endures. My own observation in conversation and consultation with my professional acquaintances shows me that the subject has not been followed and studied as it deserves to be, and convinced as I am of the immense importance of it, I feel myself constrained to bring it before the Faculty. It would profit us little to go over the various theories which have been advanced to explain the nature of puerperal fever, and the many facts which have sufficed to overturn them. It is sufficient for our purposes to note that the recognition of the true nature of the malady as a septicemia, is the basis upon which has been founded all the work which has resulted in almost eliminating it from the practice of well conducted lying-in hospitals, and making it possible to so eliminate it from private practice. We have, but to glance at some of the results achieved by the adoption of the antiseptic method in order to convince ourselves that it is based on a true understanding of the nature of puerperal fever.

The crude antisepsis of Semmelweiss in Vienna, reduced the septic mortality in the lying-in wards from 12 to 1.27 per cent. In 1857 the septic motality in the Paris maternity was 10 per cent.

In 1884 Tarnier was enabled to say: "Thanks to antisepsis, among 1000 women entered at the maternity, we have had but one death, the poor woman of

whom we have spoken, who entered with rupture of the neck of the uterus and the neck of the bladder. But for this case we should have had 1000 cases without a single death." What an experience this is for Tarnier, who had seen seven women die of puerperal fever in a few hours! Such changes in the mortality statistics could well justify the enthusiastic proposition of Pajot "Messieurs, nous pouvons écrire sur le fronton de cette clinique: Ici on nait mais on ne meurt pas." The closing of the London General Lying-in Hospital on account of the terrible death rate from puerperal fever, and its subsequent successful reopening under rules laid down by Lister is too well known to require more particular description. The figures given by Garrigues showing the changed death rate after the introduction of antiseptic methods in the New York Maternity, a reduction of septic mortality from 4.17 per cent. to .27 per cent., are interesting as illustrative of the benefits of antiseptic practice.

Dr. Rohé reports 377 deliveries without a single septic death in the Maryland Maternity.

Dr. Neale reports 308 deliveries without a septic death in the Free Lying-in Hospital.

The report of the first 1000 cases in the Sloane Maternity. in New York, shows one septic death, and that one in the person of a woman who entered the hospital in a septic state. The literature of the subject is so full, and the result of antiseptic practice as compared to the older methods so brilliant that it would be impossible in the short space allotted to us to give even an epitome of the work of the last ten years. Moreover, the general subject is to well know to justify any attempt at a full consideration of it. Antiseptic midwifery has won its fight in a general way. All lying-in hospitals, so far as I am informed, are conducted, as far as their circumstances will allow, upon the antiseptic basis, and all obstetrical teachers are at one as to the advantages of preventing puerperal fever over attemps at curing it. Nevertheless, the general practitioner resists the teaching of the hospitals in but too many cases, and the septic results in private practice justify the statement of Leopold; that women delivered in lying-in hospitals are much safer than those attended at home, thus reversing the state of affairs which existed not very many years ago. The practice of antiseptic midwifery is the attempt to prevent certain pathological processes which are generally grouped together under the name of puerperal fever, and which depend for their origin upon the activity of pathogenic organisms either found in contact with the generative tract of the women, or brought in contact with it during delivery or lying-in. The study of the method therefore involves, first the question of auto-infection and hetero-infection, second, the principles involved in prophylaxis together with a consideration of the clinical results achieved, and third the practical application of the results of the foregoing, to hospital and private practice.

The experience of Semmelweiss showed him conclusively that by far the largest proportion of cases of child-bed fever, was due to direct infection from the attendants and he had no hesitation in declaring this view. When for example the women were divided into two classes, among one of which the student practised, and the other was reserved exclusively for the midwives, and it was found that the mortality in the former class was far in excess of that of the latter it was perfectly clear that the students brought the infection. The students attended post mortem examinations, and contagious diseases, while the midwives did not and hence the explanation of the difference was clear. Nevertheless, Semmelweiss believed that there were certain cases which were not due to infection, but were due to an intrinsic poison developed in the discharges of the pa-

tient. "In rare cases," says he, "will the decomposed organic material, the absorption of which causes child-bed fever, be produced within the affected organism, and these are cases of auto-infection." This view is not sustained by modern investigation and has no adherents at the present time, so far as I know. In the masterly discussion of the whole subject which took place at the meeting of the Congress of German gynecologists at Freiburg, in 1889, not a single participant embraced this view. The question of auto and hetero-infection as now understood is quite different, and there is much to be said on both sides of it of great importance as bearing on the practical question of treatment. The views of the majority of obstetricans are expressed by Miltenberger in his admirable paper published in the fall of 1889, when he says; "So far then—and I have stated but received facts—we must conclude that the so called puerperal fever, including sapræmia, septicemia and pyæmia, is unquestionably a disease of bacterial origin and that in all cases we must acknowledge in its history only exosepsis or hetero infection and that its cause is always heterogenetic." The presence of the well known pathogenic organisms, staphylococcus aureus, s. albus and strepto-coccus is so constantly associated with puerperal fever in its various forms that there is no doubt that these organisms are justly regarded as the causative factors in the disease. These organisms are, however, found in the vagina in normal cases as well as in the cervix uteri, and the question arises as to whether these resident germs are to be regarded as pathogenic and dangerous, and capable of producing puerperal fever or whether the disease is always due to some contagion brought in from the outside. This question is of the utmost importance, since upon its solution must depend certain points of prophylaxis about which there is considerable discussion. It cannot be denied that clinical experience has done much to eliminate the question as a practical one for it is the universal result in all cases where large amounts of clinical material have been subjected to rigid precautions. Whether the prophylactic douche was used or not, the numder of septic cases has notably diminished and the possibilities of auto-infection been largely reduced. The results of Leopold's clinical investigations are very instructive in this connection. The immense material of the Dresden clinic has been used for the elucidation of this question with the following results:—From September 1883 to Easter 1884, carbolic acid was used as the antiseptic and afterwards sublimate came into vogue. Both objective and subjective disinfection, including the vaginal douche before aud after delivery, were used and the consequence was that successive series of 1300 and 1600 cases were recorded without a septic death. The discovery of germs of the kind usually considered dangerous in the vagina, in otherwise normal cases seemed to show the necessity of a more thorough cleansing of the vagina before delivery and the plan of thoroughly scouring out that organ was adopted. The results were, by no means so favorable. There were more septic cases and besides this the natural pliability of the vagina was so interfered with that there were many more lacerations to deal with and the labors were in general less satisfactory. The plan was then adopted of using objective disinfection alone, with the addition of thoroughly scouring the external parts and using no injections whatever, nor allowing any internal examination whatever to be made. This plan was naturally restricted to the normal cases, *i. e.* cases which required no obstetrical aid and excellent results were to be expected. The results were indeed brilliant. In 510 cases so treated there were nine in which there was a moderate elevation of temperatuee, as follows: In No. 1., hæmatoma vulvæ, three days fever. No. 2., macerated child, four days fever. No. 3., syphilis, chill and high fever for ten days. No. 4., macerated fœtus, mam-

mary inflammation, four days fever. No. 5., entered with membranes ruptured and a foul discharge, four days fever. No. 6., macerated fœtus, four days fever. No. 7., atonic hæmorrhage, pulse 140, three days fever. No 8., moderate parametritis of the right side, (in this case it was not clearly proved that the patient had not been examined before entering the hospital.) No. 9., unsutured vaginal rupture with œdema of the vulva. Leopold thinks that this series of cases justify the conclusion: 1, The word "auto-infection" is only allowable when every other possible source of infection has been most diligently sought for and there is no other possibility. 2, Sources of infection, especially in institutions used for instruction are often concealed, but present and removable. 3. In cases of auto-infection other sources of infection can generally be easily demonstrated. 4. The word auto-infection is hence a dangerous one. It leads to false conceptions and, in practice, to improper procedures and doubtful excuses. Those women have the best lyings-in who are not internally examined. 6. Especial stress should be laid on external examination. It, nearly always gives satisfactory information in regard to the progress of the labor. If internal examination becomes necessary the greatest care should be exercised in cleansing the examiner and the external genitalia of the patient. 8. It is only in pathological labors that an antiseptic cleansing of the internal generative organs is necessary. This experience of Leopold is especially interesting from the practical point of view as showing what may be done by avoiding causes of hetero-infection and while it does not by any means prove the point announced by Miltenberger, as I shall show later, it does prove beyond question that the possibilities of auto-infection even in the modern sense are very limited. I must again call attention to the fact that the cases upon which this experiment was tried were selected cases in that they were cases in which the process of parturition was normal and no obstetrical aid was needed. Let us consider for a moment what is the significance of this. Admitting as in the face of the demonstrated facts we must admit, that there are in the many otherwise, normal cases, germs of the kind which are usually considered capable of producing fever in the vagina, let us follow the course of labor as seen in a normal, and compare it with the same process under abnormal circumstances. As was pointed out by Kaltenbach, the normal progress of labor is well calculated to cleanse the parturient canal, is in fact nature's aseptic method. We have the increasing discharge from the vagina as the labor progresses, the flow carrying along with it all loose germs in the vagina. Finally the bag of waters ruptures and the vagina is flushed out with the aseptic amniotic fluid. The second stage then begins in earnest, the head descends, there is a close fit, the vagina is brushed out by the head and then follows another copious flow of amniotic fluid, the placenta passes and the birth canal is pretty well cleaned out. If not meddled with there will probably be no trouble. On the other hand what happens with premature rupture of membranes, bad presentation, inefficient pains and the like. The amniotic fluid trickles away, the process lasts much longer, there is more pressure and hence more wounding and brusing of the parts, many examinations are made, in short we have all the conditions which favor the activity of pathogenic organisms if such are present, and experience shows that the longer the labor and the greater the necessity for interference the more probable is fever as a sequel to the labor. Germs are demonstrated to be present in a large proportion of cases.

But germs must be placed under favorable conditions before they become dangerous. Halstead has recently found staphylococcus in organizing blood-clots,

Gönner made inoculations with germs found in normal vaginæ and failed to produce pathological processes, and hence declared the germs so found non-pathogenic. Döderlein found germs (and even streptococcus in one case), in 10 per cent. of feverless cases in the vaginal discharges. Rosving's interesting experiments bear upon this point. He injected pure cultures into the bladder and so long as the outlet was free they simply passed out with the urine and did no harm. But when the urethra was tied and favorable conditions for their development otherwise produced they underwent their normal development and produced characteristic disease processes. We are indebted to Steffeck, of Würzburg, for the most elaborate and practical combination of clinical and bacteriological work on this subject, a labor apparently stimulated by the discusssion at the Freiburg congress, and one which seems to set at rest many points of interest. The whole question of auto-infection rests on the determination of the powers of the germs found in the vagina in normal cases. Gönner's experiments, referred to above, proved negative since he failed to produce characteristic processes by the injection of vaginal secretion containing what seemed to be disease germs, and Leopold's clinical experience seemed to point the way to the denial of the possibility of auto-infection. Steffeck experimented with the vaginal secretion of women, most of whom had not been examined at all, and who were regarded as normal, healthy women. His method was to secure the secretion under the most careful antiseptic precautions, to inoculate a culture tube and a guinea-pig at the same time. If abscess or general infection ensued he compared the organisms found in the tube and in the pathological product. When they agreed he injected a pure culture and noted the result. In 29 cases there were 12 positive results; 7 abscesses and 5 general infections, followed by the death of the animal. In all the positive cases the staphylococcus aureus or albus or the streptococcus was found, and in not one of the negative cases were these organisms discoverable. As he says, in commenting on the work, "the most important result of the experiments is that in every case, from the organs containing abscesses and from the heart blood of the animals the same cocci which had been found in the secretions and none other could be cultivated." Steffeck feels himself justified by these experiments in the conclusion that "the micro-organisms, staphylococcus aureus, staphylococcus albus and streptococcus found in the genital canal of healthy women who have not been examined are pathogenic." The practical outcome of the laboratory work is that in order to reach the ideal perfection of antiseptic obstetrics these pathogenic germs should be removed from the vagina prior to the birth of the child and hence the material at the Würzburg clinic is subjected to a preliminary douche as well as protected by the usual objective disinfection. The results thus far are 439 births with 7.5 per cent. morbidity, these cases showing mere transient rise of temperature, no serious case, much less a death, having occurred. This among cases, all of which are examined by both students and midwives, is claimed by Steffeck to be superior to the results of Leopold. It appears to me that we must admit the possibility of auto-infection in the modern sense; that is, that the germs found so often in the genital canal of healthy women can produce puerperal fever under circumstances which favor their development, and the unexamined cases of Leopold show this as conclusively as the bacteriological experiments of Steffeck. Ideal results are then only to be expected in cases where the resident germs are removed or rendered harmless as a preliminary measure, and all the points of both objective and subjective disinfection attended to as well. The practical question, however, is this: Can we disinfect thoroughly by a process

which does no harm? This question seems to have been answered in the negative by the results of Leopold's clinical researches and in the affirmative by the work of Steffeck. And there are many other obstetricians of large experience and excellent judgment who attach themselves to one or the other of these views. By far, a majority, so far as I have been able to learn, prefer the preliminary douche, and especially in cases belonging to a clinic in which instruction is given and where examinations are made by students and midwives. For example, in the Baudeloque clinic under Pinard, a douche of 1 to 4000 biniodide of mercury is given. At the Paris Maternité, under Guéniot, 1 to 4000 sublimate. At the Lariboisiere, under Porak, 1 to 2000 sublimate. At the General Lying-in Hospital of London, 1 to 4000 sublimate. At the Sloane Maternité in New York, 1 to 5000 sublimate. The Germans generally use sublimate of moderate strength, but Leopold, Fehling and a few others depend exclusivsly on objective disinfection, and use no douche at all, except in the presence of a positive indication. The opponents of the theory of auto-infection claim that the view is a very dangerous one and that its acceptance is apt to cause undervaluation of the means used to prevent hetero infection. This is an important point in practice, for while we, I think, must admit the possibility of auto-infection in the sense explained, we must at the same time, be mindful of the fact that the horrible ravages which in former times were made by puerperal fever were due, in the immense majority of cases. to hetero infection; in plain English, contagion. This was made clear by Oliver Wendell Holmes years before the present discussion arose. The present state of the question admits of discussion only with reference to the preliminary vaginal cleansing and the details of the technique by which objective and subjective disinfection can be carried out.

It is unfortunate that we are prone to substitute a name for a fact and to suppose or claim that we have adopted a certain method when we have only gone through certain of the motions, so to speak, appertaining to the method. If one watches the preparations and the progress of the work in an ordinary so-called antiseptic operation, one will ordinarily be able to discover more sins of ommission and commission than the operator is aware of. Nevertheless the conduct of an antiseptic operation is but child's play as compared to the conduct of an antiseptic labor. In the surgical case we have all our things together, we make all our preparations, we perform our operation, dress our wound, and are done. In the midwifery case, on the contrary, we must wait several hours, perhaps several days, the possibility of infection being present all the time, and even after the case is over we cannot occlude the wound as in a surgical case, on account of the necessity of a free escape for the lochia, and so our disinfection is a much more difficult task and as a consequence is much less thoroughly done. In fact, the general practitioner, as a rule, makes no regular attempt at disinfection and beyond ordinary cleanliness conducts his cases about as he used to years ago. The result justifies the statement of Leopold, that women confined in lying-in hospitals are safer than those confined at home. There is no difference of opinion as to the propriety of the most thorough disinfection of all persons and things which are to come into contact with the patient, and the first movement in this disinfection, which is a thorough scouring with soap and water with the aid of a nail brush.

This cleansing should be most thorough. Not a mere ordinary rub, but an aggressive and persistent scouring with plenty of good clean soap and water as hot as can be borne with comfort. This treatment should be applied to nurse and doctor as well as to everything else washable. The patient should be given a

full bath, with plenty of soap, and the genitals and all the parts adjacent, with particular reference to the anal region, should receive special attention, an enema having been previously given. All linen for sheets, pads, etc., should at least have been boiled, and, preferably, treated with sublimate. I speak of this simple cleansing first and alone because it is within the reach of all and is, indeed, the most essential part of the antiseptic treatment. There can be no practical antisepsis which is not preceded by careful use of soap and water. So far as chemical disinfection is concerned there is some difference of opinion as to the best and safest drug to use, but there is such a large preponderance in favor of the bichloride of mercury that the other candidates for favor need not be considered. I do not mean by this that carbolic acid, biniodide of mercury, creolin and other drugs used are not useful. They are undoubtedly good, but not so good as the sublimate. Indeed, I was told that all the great change which has been wrought in the confinement results at Blockley was attained by the use of creolin alone. It would take my paper far beyond reasonable limits to discuss the merits of the various disinfectants recommended. For disinfection of hands, cloths, the external generative organs, etc., the strength of 1 to 1000 is usually preferred, while for vaginal and intra-uterine douching 1 to 4000 is generally used. Galabin, it is true, claims that 1 to 4000 is not sufficiently strong, but most obstetricians are afraid to use a stronger solution for fear of mercurial poisoning. The disinfection of the hands of the obstetrician and nurse is the most important process and should not be slighted. We do not want a mere dip of the fingers into the solution, but the whole hand and forearm should be allowed to remain in the solution at least five minutes. Moreover, the solution should be as hot as can be well borne. Cases used for instruction should undoubtedly be douched with the 1 to 4000 solution both before and after examination and labor, and all cases in which the labor is unusually long or difficult, or in which any operation has to be done, the same treatment should be adopted. The intra-uterine douche should be reserved for cases in which the uterus has been subjected to the danger of infection. This cleansing and disinfection which appears such an easy matter upon description is not so, in fact, in ordinary hands. It is a matter of routine and one must be somewhat trained in it or else something will be forgotten, some essential point neglected. Mermann, who uses no douche, had as a result of his earlier efforts, 21 per cent. of fever cases. In his late cases in the same institute and with theoretically the same method the fever rate is reduced to about 6 per cent., a result which, as he says, is in no degree due to accident, but attributable solely to the training of the hospital staff. The only way in which satisfactory disinfection can be accomplished is by rigid adherence to a given plan. This is especially important in the hospitals whose material is used clinically, but not to be neglected in private practice. The question of the douche is one which each individual must answer for himself. If one is assisted by a nurse who has been well trained in antiseptic midwifery, I believe the habitual use of the douche will yield the best results, but if one has to trust to the ordinary midwife the douche is dangerous. Between the two evils—*i. e.*, neglect of the douche and the danger of letting an ignorant nurse give it—I would unhesitatingly choose the lesser and let the douche go. As was said by Stadfeld, of Copenhagen, at the Berlin Congress, we shall probably have to wait until the present generation of nurses passes away before we have such midwives as we desire. As expressing my ideas as to the proper conduct of a labor so far as antisepsis is concerned, I will mention the method pursued at the Free Lying-in Hospital. The following rules for personal

disinfection are rigidly carried out under the direct supervision of the resident physician and apply equally to all persons who approach the case:

1. Remove coat and roll up shirt sleeves above the elbow; pare and clean nails, scrub arms, wrists and hands with nail brush, soap and warm water.
2. Put on disinfected gown.
3. Rinse hands and wrists in alcohol.
4. Immerse hands and wrists in a 1 to 1000 bichloride of mercury solution for at least three minutes.
5. The hands are not to be dried on a towel, but may be wiped on front of gown.
6. Students who are engaged in dissecting or who have witnessed a post-mortem examination, or attended a case of infectious disease within a week, must not enter the lying-in hospital.

The woman is given a full bath and enema and the external genitals are disinfected with the 1 to 1000 sublimate solution. The douche of 1 to 4000 is used before and after labor in normal cases and in delayed and operative cases repeated several times. Intra-uterine douches are only given in cases where the uterus has been exposed to infection and then by the doctor.

Under these rules our results have been satisfactory, but not brilliant. Our house is not well adapted to the purposes of a hospital. We are much crowded at times and not supplied with the advantages of well appointed maternities. Nevertheless, in 94 cases delivered since this time last year, in 51 the temperature did not exceed 100°; of the 43 above 100°, in 13 the rise was for one day only; in 17 the rise was between 100 and 101. In 12 cases only did it go above 101, and of these one died—a miscarriage case, who was brought into the house with a temperature of 104.8 and a pulse of 140. It was probably a criminal case. There was 1 case of grippe, 2 of malaria. In one case milk-leg developed on the 13th day, the temperature not having previously gone above 100. There was 1 case of salpingitis, the only definite septic case, except the fatal case, unless the milk-leg be counted. The other elevations of temperature were slight and transient and largely associated with congested breasts in cases where the babies were sent away. We have had no case of breast abscess. This question of antisepsis is too big a one to be discussed in a single paper, and I must be satisfied to leave it where it is for the present, that is, as applied only to the delivery and the preparation for the same. The important matters of treatment during the puerperium, treatment of puerperal fevers, training of nurses with special tendency to antiseptic doctrines, the use of external rather than internal examinations, the prophylaxis in regard to the infants' eyes, mercurial poisoning and breast inflammation, must be left to a future occasion. I regret that I must leave the subject without a fuller consideration of these important matters, but I have already made an excessive draft on your patience and must defer them to another time. For the present I think the following conclusions justifiable:

1. Antiseptic midwifery, by reducing septic mortality in lying-in hospitals from 10.19 per cent. to less than .50 per cent., has saved myriads of lives and made the clinical teaching of obstetrics safe and humane.
2. The neglect of antisepsis by the general practitioner makes his obstetric results, obtained under the most favorable circumstances, worse than those obtained in lying-in hospitals.
3. Antiseptic prophylaxis consists, to a large extent, in cleanliness, but is made more efficient by the use of chemical disinfectants, especially corrosive sublimate, used in a judicious and conservative manner.

4. The vaginal douche is requisite in operative and pathological cases and desirable in all, where it can be properly administered, but had better be omitted in normal cases not under the care of a well trained nurse.

THE COLONY OF THE INSANE AT GHEEL.

In the *Journal of Medical Science* for April, 1891, Dr. Margaret A. Cleaves has an account of this interesting settlement, which is a commune of nine villages having a population of 11,000 sane and 1,762 insane persons. The latter are placed in families of the commune, according to the patient's social position and occupation. There are five physicians for the colony, two superintendents, each with an assistant, and the resident physician at the infirmary. A royal commission of seven members report after inspection once a quarter to the Lord Chief Juftice. There is also a permanent committe of five, who assist in the dirtribution of patients and exercise a general supervison over them. Six attendants visit the patients in their respective cottages daily, and keep record of the patient's name, age, cottage, amount and date of payment for care, clothes furnished, and any other facts of interest. The assistant physician must visit every chronic patient once a month, and every recent or curable patient once a week. The superintendant must visit each one of the patients (1,760) cases in six months. Suicidal or homicidal persons are not taken. No family is allowed to receive more than two patients, and many are allowed but one. If by experience it is found that any given family is unfitted to have the care of the insane, its members are not permitted to continue as nurses. The cottagers either own or rent their places, and all have a small garden at least. There are but few successful escapes. Every one in the commune exercise more or less watchfulness, and the police are nearby. Sunday is the favorite day to get away, for patients are then unemployed. The go about with the greasest freedom at all times, yet none are allowed to be absent over six hours without search being instituted. The general immunity from accident speaks well for the liberty given.

There is paid for pauper patient respectively, as follows:

First class, quiet and clean, 84 centimes a day; 60 centimes, or 12 cents, goes to the cottager, and the remainder into the administrative fund for clothing, etc.

Second Class, dirty at times; 94 centimes a day, the cottager receiving about 15 cents of this and the administrative fund the rest.

Third class, dirtv and troublesome, 1·10 franc a day; of this, about 19 cents go to the cottager, and the remainder to the fund.

Private patients pay according to their means, a Polish nobleman paying 3,600 francs a year. From 1879 to 1883 there were no accidents at Gheel. In the year following 1883 there were two men drowned and a number of cases of pregnancy among patients. In one small, primitive house a feeble old man, insane for many years, who assisted the housewife, may be taken as an example of Gheel's good work. Much more comfortable in this rustic habitation—engaged in lending a hand in little domestic duties that give one a sense of home—than in the wards of a crowded asylum, where he would have been too feeble to get about or engage in work and could only sit idle and vacant till death came to his release, this not unhappy person remained a citizen in part and of some use in the world. More than this, his place in the asylum was left to be filled by a person of greater necessity, and the expense of his maintenance diminished to the least possible amount. The influence of the insane upon the sane is practically *nil.*

A CASE OF GONORRHŒA WITH NUMEROUS AND SOME UNUSUAL COMPLICATIONS.

BY EUGENE F. CORDELL, M. D.

The following case presents some points of sufficient interest I trust to justify a brief report: H. B. K., a freight conductor, aged 28, first came under observation Sept. 8th, 1889, with symptoms of right sciatica, viz: dull, contusive and occasional severe lancinating pains with tenderness in the course of the nerve from hip to calf, tender spots along the branches of the nerve, much increase of pain on movement, sneezing, etc., and left lateral decubitus, the crippled limb lying on its fellow. He was completely bed-ridden and his sufferings were intense. These symptoms had begun the day before, when he with difficulty reached home. He attributed the attack to a fall upon his thigh against a rail *three months* before, but besides the long interval of time, this seemed improbable in view of the fact that he had meanwhile been at work and that a sufficient explanation for it existed in the presence of a gonorrhœal discharge of uncertain duration. He had been previously subject to rheumatic joint pains. Various treatment was ordered, the best results being obtained from the use of hypodermatic injections of morphia into the sheath of the nerve, and from phenacetine in 5 grain doses every three hours. After taking ʒi of the latter, he was decidedly easier and was able to dispense with his morphia for the first time. After 48 hours of the phenacetine treatment he was able to get up and go down stairs. Among the remedies used in the treatment of the sciatica was iodide of potassium which in 5 grain doses, three times daily for two or three days, produced excessive iodism.

About this time, the 18th day of his sickness, he complained of stiffness in his left knee and hip. On the 20th day he was going out. On the 24th day he passed water frequently and there was also a discharge of blood per urethram while at stool. He acknowledged to have had slight pain and burning in micturition, but was disposed to make light of a purulent discharge from the urethra which he had had "for some weeks." There was also some tendernes about the left groin (*i. e.* in the left spermatic cord). This was succeeded the following day by a chill, fever and headache, the precursors of an intense left epididymitis. Leeches and other treatment were ordered, but there was no particular evidence of benefit except from an ointment of extract of belladonna and unguent. hydrargyri (1-7) and strapping the testicle. The effect of the former was striking and immediate. After 24 hours use of it he passed a comfortable night without having recourse to morphia, the first time such a thing had happened since the epididymitis had begun; and after 48 hours the swelling was reduced at least one-half and was not near so tender and painful. The swelling was still further reduced by adhesive strapping, which also enabled him to get out of bed.

About the 34th day a right facial paralysis developed and within a few hours was complete so that he had lost entirely the use of the right side of the face; he was unable to close the eye-lids on that side, winking ceased, the right angle of the mouth drooped, he was unable to whistle, spit, laugh, frown or turn-up his nose; the pupil was unaffected but he stated that the sight in the right eye was impaired; he complained of a bad greasy taste; he was unable to inflate the cheek or chew on the affected side; the position and movements of the uvula were not involved and there was no dysphagia; there was no metallic taste or salivation or other indication that these symptoms might be due to mercurialism. The use

of a strong faradaic current once daily proved of great value in treating this symptom; although it occassioned no movement at all in the muscles above the neck, he felt it very sensibly, and always expressed himself as feeling much better after its use, relieving (as he said), his pains and promoting sleep; at his request its use was extended to the lower extremities and back. After five days electrical treatment of the face he had begun to frown and to whistle, and his mouth was much more natural in shape. On the 11th day of electrical treatment (19th of the paralysis), the facial paralysis had entirely disappeared and the treatment was discontinued.

It will be remembered that stiffness in the left knee and hip were complained of on the 18th and 36th days. About the time that I began the electricity (the 42nd day), the joint symptoms became serious, the left knee being swollen and exhibiting fluctuation on the inner and upper side of the joint, pain, swelling and tenderness being also experienced in the right knee, right hip, right heel and both shoulders. There was evidently inflammation of the bursa of the right tendo Achillis. At the same time there was much inflammation about the neck of the bladder as indicated by frequent and painful micturition and a discharge, occasionally blood-stained. The patient also complained of aching in the testicle and along the spermatic cord. Among the numerous remedies employed for these joint and bladder symptoms, I cannot affirm that any striking benefit was obtained from any of them, and the case lingered on until between the 73rd and 80th day, when necessity compelled him to resume his business, although unfit for it. Except for a few days he continued steadily at work, although the tenderness and swelling in the bursa of the heel gave him trouble for some months longer, and compelled him to wear an old shoe. Blisters, iodine and ointments were repeatedly used with a view to riddance of this, but I could not satisfy myself that they were of any value. Finally, during 1890 this also disappeared and with it all traces of his trouble, except a slight enlargement and hardness of the testicle.

Remarks:—The exact date of the beginning of the urethral discharge in this case could not be ascertained, owing to the patient's disposition to ignore and make light of it. There is no doubt, however, that it preceded the sciatica which was the first link in the remarkable chain of symptoms I have described. The order of sequence was then urethritis, sciatica, epididymitis, facial paralysis, rheumatism and cystitis. Counting from the onset of the sciatica, the epididymitis appeared on the 24th day, facial paralysis on the 34th day, swelling and fluctuation of the knee and pains in other joints were first noted on the 42nd day.

"Rheumatism" is a rare complication of gonorrhœa. Fournier met with it about once in 62 cases, yet, owing to the great frequency of gonorrhœa, cases will occasionally present themselves in the practice of every one. My patient appeared to have a rheumatic diathesis, but Rollet and others have investigated the subject with great care and have proven the absence of any relationship between ordinary and gonorrhœal rheumatism. The history and therapeutics of the two affections show that they are different diseases, and the former seems to partake more of the nature of infection than the latter. According to Agnew (Surgery, 1878-83), the septicemic theory explains most plausibly the origin of this complication. Among joints, the knee, according to B. and T., is by far the most frequent site of gonorrhœal rheumatism, and among the bursæ, which are also not infrequently affected, that of the tendo Achillis is especially liable to attack. According to Fournier, it in rare cases affects the sciatic nerve, producing sciatica. He has observed this in 7 instances and mentions an 8th case reported by Tixier. This is the only allusion to any connection between gonorrhœa and sciatica which I have found in any work to which I have had access, and facial paralysis, or

neuritis, is not mentioned in this connection. It appears to me however, to be something more than a mere coincidence that two nerves should be involved during the course of the same affection.

There are several therapeutical points in the case worth noting. The excellent effect of phenacetine in relieving the pains of sciatica is one. Professors Winslow and Atkinson have noted similar results and it was at the suggestion of the former that I employed the remedy. The rapid diminution of swelling in the epididymis from strapping shows that this method has been unwisely discarded by some authorities. The failure of remedies in gonorrhœal rheumatism is no new observation and it remains to discover some agent or agents which will influence this complication of gonorrhœa favorably.

2111 Maryland Avenue. Baltimore, June 3, 1891.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MARCH 20, 1891.

The 248th regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods, in the chair.

The regular card for the evening was not considered, the reporters being absent.

Dr. Wm. P. Chunn related an interesting case where for the purpose of diagnosis he had made an exploratory abdominal incision, and where, finding only ascites without appreciable cause, he had by means of a small silver tube established permanent drainage, with much resulting benefit to the patient. The tube used was of about the diameter of a crow-quill and about 2½ inchees in length. The patient had gotten up on the third day after operation, and has since been in excellent general condition, with no reaccumulation of fluid.

Dr. Norment thought the question of permanent drainage of the abdominal cavity a very interesting one. As a result of the open wound and the attendant ulcerations, etc., might it not be possible for peritonitis or other complications to arise, quite off-setting any good which might be obtained from the operation, and then if the operation is to be done, at what time should it be undertaken?

He has now in charge a case of ascites of indefinite origin, which he had repeatedly tapped with more or less benefit, and where during the winter typhoid symptoms had developed, bed-sores had made their appearance and every indication was toward the early death of the patient. She had, however, reacted, and is now much better and expects to get well. He does not see that permanent drainage offers more for the patient than the ordinary paracentesis.

Dr. Randolph Winslow said that in tapping the abdomen for ascites, it was his habit to start the fluid with the aspirator and then to leave the needle in situ as long as necessary, through which drainage would occur without depression or discomfort to the patient and with no loss of time to the doctor.

Dr. Finney said that there was no surgical objection toward permanent drainage, provided the dressing were carefully looked after, and in this way septic absorption prevented. Under his observations three cases of tubercular peritonitis had apparently recovered after laparotomy, one remaining well after two years. This is not understood any more than the benefit following broad incisions rather than puncture in ordinary ascites, but the good results are evident.

Dr. Rohé said that the cause or proper diagnosis of ascites was not always made

out by laparotomy, although the effusion was arrested in a number of cases. Repeated small punctures had also often been followed by good results, and under such treatment in his hands, the ascites in a case of liver cirrhosis had finally disappeared.

Dr. Chunn said, in conclusion, that the danger from septic absorption after laparotomy and drainage was not considerable, and also that the diagnosis in many cases could only be made out in this way.

The Society then adjourned.

STATED MEETING HELD APRIL 3, 1891.

The 249th regular meeting was called to order by the President, Dr. Woods, in the chair.

Dr. H. Toulmin related the history and exhibited the patient in a

CASE OF LEUCÆMIA,

which had been under observation in the Hopkins Hospital. In this case a marked improvement of all symptoms had been obtained by the free and constant employment of Fowler's solution. The patient when exhibited was very much better in every way.

Dr. Thayer spoke at length of blood conditions in leucæmia, referring especially to Dr. Toulmin's cases described the various forms of white cells found in leucamic conditions and exhibited microscopical slides of leucæmic blood.

Dr. J. E. Atkinson, in the discussion, said that he desired to speak on one or two points of clinical interest in connection with the subject of leucæmia Etiologically, we know but little of the disease, although malaria is held responsible for a number of cases. The real importance of malarial poisoning is probably over estimated in malarious districts. Personally he has generally encountered the disease in subjects who had had malaria. He had never seen it in the negro, one case, rather doubtful, proving to be ague cake. This last condition is interesting. Here we may find the spleen enormously enlarged and in some cases without pronounced symptoms of malarial poisoning. Of course in these conditions the presence of the malarial organism would furnish proof of the disease, but he confesses to the opinion that the malarial influence may remain dormant for a long time controlling disease processes, perhaps without showing organisms by blood examination. In this connection may not some of our cases of leucamia be in reality those of ague cake? The fact that leucamia is often encountered in malarial subjects is interesting and suggestive. In conclusion he asked Dr. Thayer if these careful blood examinations had ever been made in a series of ague cake cases, and if ever in such cases the myelocytes had been found?

Dr. Thayer, in answer to Dr. Atkinson, said that he did not know of any series of blood examinations in cases of malarial spleen. He had examined one case in child presenting ordinary moderate leucocytosis with increased poly- neuclar cells but no myelocytis.

Dr. Randolph said that it was rather remarkable that in the case shown by Dr. Toulmin, there had been no retinal hæmorrhages. The condition of hæmorrhage in these cases was almost the rule. The vision may be normal, the lesion not interfering with sight. There is no true inflammation, only an infiltration of the retina with blood.

Dr. Thayer said that three years ago he had seen three cases of leucæmia in none of which retinal hæmorrhage had been found, he remembered that this absence of hæmorrhage was regarded at that time as noteworthy and remarkable.

The Society then adjourned.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor. JOSEPH E. GICHNER, M. D., Associate Editor.

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JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.

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BALTIMORE, JUNE 6, 1891.

Editorial.

CONDITIONS PREDISPOSING TO INFECTION.

It must be very comforting to the physician who practiced medicine before the "Era of the Infective Germ" to observe that the most recent discoveries in regard to the causation and course of infectious disorders point to lines of treatment which his own observations and the traditions of the fathers had long before taught him to follow. The methods of practitioners of medicine of the past generation, though founded on simple experience, stand the tests of advanced science Their errors were perhaps not one whit more fatal to the patient than the effort made by the ultra-scientific doctors of to-day to cure systemic diseases by means of germicides and other alleged remedies which the chemical and pathological laboratories furnish.

The old-fashioned practitioner believed in tonics, and remedies to "unlock the secretions," and let fever of moderate grade "wear itself out." The modern scientist, after nearly ruining the constitution of his patient with drugs to render the digestive tract, the blood, and the secretions antiseptic, has come to the conclusion that the normal cells and fluids and secretions of the body are the best antiseptics and germicides, and that his business in treating systemic diseases is to help these cells and fluids, and secretions (if he can) back into their normal state, letting the germs and fever (which in a moderate degree he suspect to be if not helpful, yet of no moment), take care of themselves. He comes to the point where his fathers left off; namely, that the best medicine for the patient is the medicine that makes the patient feel better.

In other words he comes to the conclusion that the human body is not simply "a mass of matter wet with a few pailsful of fluid," but an organism endowed with intelligence, knowing when it is sick and when it is well, when it is worse and when it is better. With this view, he gives up the attempt to administer drugs by doses proportioned to body-weight, and devotes himself to learning the

peculiarities and the special needs of the diseased living organisms before him.

The investigations which have taught that certain groups of diseases are caused by the entrance of germs or of their secretions into the blood and tissues, have taught also that most of these germs or germ-poisons are shut out of the body by its healthful surface-cells or destroyed and purged away by its excretions. The scientist is, therefore, forced to study out the conditions which interfere with the cells and excretions, and enable these diseases to find lodgment. Here again the terms of the ancients demand recognition. "Change of weather," "fatigue," "lack of food," "unwholesomeness of atmosphere," "old age," etc., must after all be taken into consideration, for they are real agents in that enfeeblement of of the body's powers and that breach in its defences which must occur before the entrance of such disease-forces into the blood and vital organs, and the final victory of the invaders, which is death.

It is well known that each individual has his weak points. Through defect of development, accidental or inherited, certain secretions or certain internal surface cells of his body are easily brought into an abnormal condition in which they present but feeble resistance to, or even aid, the lodgment of disease germs or the entrance of disease-poisons. By prolonged exposure to vicissitudes of climate or by deprivation of necessary food, similar defects may be *acquired* by persons who were in health.

Next to this constitutional feebleness, perhaps the most fruitful causes of infection are wounds or bruises of the surface of the body. By the former, the epidermis or epithelium is removed from the underlying tissues, and, as these tissues present less resistance to the entrance of disease, infection takes place. By the latter, the surface-cells and deeper tissues are both so injured that their power of resistance is lessened.

Another cause of infection is a certain *low* grade of inflammation which is characterized by serious interference with the circulation and nutrition of superficial parts, but does not rise to the grade of *acute* inflammation which itself is rather unfavorable to infection. The low grade of inflammation (or congestion bordering upon inflammation), occurs in "catching cold," chilling of the skin over the whole or part of the body being followed, reflexly, by disturbance of corresponding or neighboring internal surfaces, or of distant internal surfaces or secreting organs which may happen at the time, for various reasons, to have an easily disordered circulation or to be easily deranged in their functions. So important is this predisposing condition that we can in many cases (from a knowledge of the history of different patients) predict that exposure to the same unwholesome influences will produce in one patient a pleurisy, in another a diarrhœa, and in a third a tonsillitis. Infection under these circumstances by a particular germ will depend of course upon its presence at the time and its ability to gain access to the surface prepared for its reception.

The careful physician views with anxiety the "running down" of his patients

health, for he knows that in this condition the secretions of the various organs in the alimentary department and elsewhere will probably be so disturbed as to cease to protect the inward surfaces from infection.

Practically, we may conclude that the best way to guard against the infectious agents and materials to which our bodies are continually exposed is to strive by proper food, sleep, cleanliness, air and exercise, and by cultivation of mental composure, to keep the body in prime condition. We shall then have to fear only diseases, which like variola and measles enter easily the healthy tissues, or those mysterious atmospheric poisons which, like influenza, infects whole communities at a time.

MEDICO-LEGAL LEGISLATION.

AN ACCIDENT INSURANCE CASE.

Mr. John H. Reed, a prominent merchant of New York, was thrown from his carriage on October 31, 1888, and landed on his head. On November 18 following, he was walking down Broadway and suddenly dropped dead. He had an accident policy of $5,000 on his life in the Traders' and Travellers' Accident Insurance Co., and as the officers refused to pay, alleging that the death was not the result of the accident, suit was brought to compel payment.

The company stated that the death was due to a complication of diseases independent of the injuries received at the time of the accident, and that the two could not be connected so as to cause a liability. The jury accepted this view of the case and brought in a verdict for the insurance company.

MINERAL WATERS NOT LIABLE TO DUTY.

One of the questions under the new tariff law was whether mineral waters were liable to duty. The collector of the port of New York decided that they were dutiable, but this has been overruled and the decision made that natural mineral waters could be admitted free, though the glass bottles containing the water were liable to duty.

A RECENT NUISANCE CASE.

In a recent New York case where damages were claimed on account of a nuisance caused by the manufacturer of roofing and paving materials, the defence was mainly that the action could be maintained only by the owner of the property claimed to be injured, and not by the occupants. The court held, however, that the action could be maintained by any one who could prove any damage, and as the gist of the action is usually that the ordinary and comfortable use of a house is interfered with and sickness and ill-health caused, the occupants of the house are usually the ones most affected. Any permanent injury to the premises affecting its salable value can, of course, be sued for only by the owner.

WHAT IS NOT EXPERT EVIDENCE.

A Trenton physician not long since was on the witness stand and was asked the question "How many ribs are there in the human body?" He refused to answer, insisting that it was a technical question, and he had not received a fee for expert evidence. The judge did not take this view of the case and committed the doctor for contempt of court.

Medical Progress.

MUSIC IN THE TREATMENT OF DISEASE.

The value of music as a therapeutic method cannot yet be so precisely stated that we may measure it by dosage or by an invariably similar order of effects. Of its wholesome influence in various forms of disease, however, there can be little or no doubt. In making this assertion we do not, of course, assign to it any specific or peculiar action. It is no quack's nostrum, no reputed conqueror of ache or ailment. It is only, as we have already shown in a recent article, one of those intangible but effective aids of medicine which exert their healthful properties through the nervous system. It is as a mental tonic that music acts. Accordingly, we may naturally expect it to exert its powers chiefly in those diseases, or aspects of disease, which are due to morbid nervous action. The evidence of its utility on occassion where fatigue or worry has disturbed the proper balance and relation between the mind and body of the so-called healthy will explain its action in disease. We can readily understand how a pleasing and lively melody can awake in a jaded brain the strong emotion of hope, and energising by its means the languid nerve-control of the whole circulation, strengthen the heart-beat and refresh the vascularity of every organ. We can picture the same brain in forced irritation fretfully stimulating the service of the vaso-motor nerves, and starving the tissues of their blood supply. Here, again, it is easy to comprehend the regulating effect of quieter harmony, which brings at once a rest and a diversion to the fretting mind. Even aches are soothed for a time by a transference of attention, and why, then, should not pain be lulled by music? That it sometimes is thus relieved we cannot doubt. It is especially in the graver nervous maladies, however, that we should look for benefit from this remedy. Definite statistics on the subject may not be forthcoming, but all that we have said goes to show that states of insanity, which are largely influenced by the condition of the sympathetic system, should find some part of their treatment in the hands of the musician. It is, therefore, for such cases especially that we should enlist his services.—*Lancet.*

CHANGES IN THE KIDNEY IN PHTHISIS.

The condition of the kidneys in phthisis has never been fully investigated. Several observers have described a fibroid condition. Becquerel and Rayher concluded that Bright's disease was very frequently associated with tubercular disease of the lungs. Peacock in 117 cases of kidney disease found 30·7 per cent. of phthisis. Frerichs found that out of 42 cases of Bright's disease 6 also suffered from phthisis. Bamberger stated that the disease was found in 15 per cent. of those suffering from kidney disease. In the the *Centralblatt für Allgemeine Path-*

logie und Pathologische Anatomie, Feb. 1st, 1891, Dr. C. von Kahden publishes his results on the same tubject. He is of the opinion shat slight degeneration of the renal epithelium is almosts always found in active phthisis. It may, however, be so slightly marked that it is only visible on microscopic examination and even then may be overlooked. The kidney may be either normal in size or somewhat enlarged. Macroscopically the following conditions are noticed. The surface of the organ is smooth and yellowish in color; the capsule peels easily; the cortex is usually slightly thickened, and also yellow in color; the medullary portion is pale. The microscopic change chiefly affects the cortex, the parenchyma being first attacked. The epithelial cells undergo fatty degeneration, but are occassionally replaced by fresh epithelial cells. The interstitial changes are therefore, secondary, and generally slight, and take the form of a small round infiltration, and some increase of the connective tissue. The glomeruli also take part in the degeneration. The eortex is not uniformly affected, but the changes take place in patches. These lesions are evidently chronic, as is shown by the thickened capsule, the atrophy of some of the glomeruli and the changes in shape of the epithelial cells of the of the tubules, these being altered from a club form to a cubicle or cylindrical shape. Clinical symptoms which occompany the renal degeneration are unreliable. Albumen in the urine is rarely present. The author states that the condition is one of chronic parenchymatous nephritis, and thinks that it may be caused by the poisonous products of the tubercle bacilli.—*Lancet.*

THE TREATMENT OF ACCIDENTAL ABORTION.

At the last meeting of the American Medical Association, this was the subject of an interesting paper by Dr. Bedford Brown, of Alexandria, Va. The paper was the result of the observation and care of more than two hundred cases of accidental abortion occurring during an experience of forty years. When called to a case he gives first ¼ grain of morphia, and $\frac{1}{60}$ grain sulphate of atropia hypodermically. And if there is much hæmorrhage and depression, $\frac{1}{60}$ grain strychnia and 20 minims of ergot to induce contraction of the arterial system and strengthen the heart. Then douche the vagina thoroughly with water containing permanganate of potash, If the hæmorrhage still continues, a pint of hot water containing an ounce or more of alum is thrown into the vagina. This cleanses it of all coagula and causes decided contraction of the os uteri, and the formation of a fine clot in the cervical canal, which, acting as a plug, arrests hæmorrhage for a time and does not increae the tendency to abortion as does the tampon. These measures failing and matters becoming serious, he packs the vagina with iodoform gauze. This failing he passes the dilator into the cervix and injects three drachms of ergot into the rectum. This induces forcible uterine contractions and forces the fœtus and secundines through the dilated os. In the event that the placenta is still retained, we then have one of the most embarrassing complications of abortion. He has little faith in ergot for the arrest of hæmorrhage in retained placenta or for the expulsion of that body. In the delivery of retained placenta, he has long since discarded all instruments, as hooks, forceps, and currents as unsatisfactory, and relies on the fingers alone. At the fourth month and after, he has found it necessary to introduce the entire hand into the uterus, so as to be able to remove the retained placenta. In abortion the placenta and its retentions are the cause of more anxiety, trouble and annoyance than all other questions. The resultant hæmorrhage, the sepsis, the local inflammations, the organic changes, the subinvolutions and septicæmia

arising from its retentions, renders its early, prompt, and thorough removal a matter of paramount importance. Safety, speed, and completeness are the principal questions for consideration.

The use of the tampon to restrain hæmorrhage in retained placenta is not wise, if we can avoid it. The principle is unwise and unscientific. It seals up a putrefying, sepsis-generating mass of animal matter in an organ, which we would not dare do in any other organ of the body. He was fond of the iodoform gauze conical-shaped tampon, introduced on the screw dilator into the cervix in cases at the third month, dilating the os one and a quarter inch, then douching the vagina with a hot antiseptic solution, and three drachms of the fluid extract of ergot thrown into the rectum. To counteract collapse he uses successfully morphia, atropia, and strychnia hypodermatically, also sometimes whiskey, while he favors the injection of hot water 110° F. with a little chloride of sodium and bicarbonate of soda. This is given by a hypodermic syringe holding an ounce, and twelve or fifteen of them are given, thus adding about a pint of warm fluid to the circulation. An enema of hot beef-tea and water is also an advantage. Absolute rest of mind and body in the recumbent position is very necessary.

THE INTERNAL USE OF THE SIMPLE ASTRINGENTS.

M. A. Walker, M. D., speaks of pure astringents, in the *Boston Medical and Surgical Journal*, as agents which cause contraction of living tissues, especially the circulatory channels, and have no appreciable action on the heart.

All, of course, will admit that this definition is correct, and that it represents the effect normally produced by their exhibition. So we will proceed to look a little more closely at their action on the blood-supply and their therapeutics when exhibited internally.

The heart, as we know, under ordinary circumstances and normal conditions, contracts from seventy to eighty times each minute, each contraction completely emptying the ventricles. The capacity of the left ventricle being about five ounces, then in each minute there passes into the aorta and consequently through the whole systemic and pulmonary circulations from 350 to 400 ounces of blood. Now it is evident that without change either in the frequency of the heart's contractions, or its capacity, the same amount of blood will, of necessity, be forced into the aorta and through the whole body—no matter what may be the size of the aorta or smaller vessels—in the same length of time.

On the administration of a substance which causes general constriction of the vessels without changing the amount of blood forced into them, the intravascular tension must be increased, and consequently the rapidity of the current, proportionate with the constriction. So that any vessel or series of vessels being selected for examination, it will be found that just as much blood passed through them in the same time as passed through them before such administration.

Hence, in endeavoring to control hæmorrhage by the internal administration of the simple astringents, we only contract the vessels from which the blood is flowing, at the expense of causing a proportionate increase of tension, and consequently do not at all affect the rapidity of the loss of blood. There is, of course, a similar objection to the use of these substances in controlling inflammations.

Therefore, do not let us use astringents, given *per oram*, as any aid to the treatment of hæmoptysis, erysipelas, or any other conditions where we desire to cause a decrease of the supply of blood to the part.

Medical Items.

Dr. George M. Gould, of Philadelphia, succeeds Dr. H. A. Hare as editor of the *Medical News*.

The Russian universities are to establish courses for the instruction of young women as druggists.

In a paper on Sexual Perversion, Dr Kiernan, the author, (*Alienist and Neurologist*), stated that a New York male physician with a large practice always wore feminine dress.

The fifth meeting of the American Association of Andrology and Syphilology will take place in Washington, D. C., on September 22-25, 1891, in connection with the Congress of American Physicians and Surgeons.

The French Government has conferred the Order of the Legion of Honor on Dr. O. Lassar, General Secretary of the Tenth International Medical Congress, held at Berlin in August, 1890, in recognition of his "great and successful labors" in the organization of the meeting.

A Committee, which includes most of the leading members of the medical profession in Munich, has been formed for the purpose of erecting a fitting memorial of the late distinguished surgeon Professor von Nussbaum. Contributions will be received by the treasurer of the committee, Herr Benno Wasserman, Kaufingerstrasse 34, Munich.

An outbreak of rabies commenced about two months ago in County Wexford, Ireland. The authorities have adopted a resolution requesting the Lord-Lieutenant to issue a proclamation, embracing the whole of Ireland, to restrain dogs either by muzzle or confinement for the length of time necessary to effectually stamp out the disease.

Richardiére (*L' Union Medicale* April 23, 1891), presented to the French Society of Dermatology and Syphilography a case of so-called pseudo-hypertrophy of the hand and fingers, the increase in size being due to an excessive development of the subcutaneous connective and adipose tissues. In true hypertrophy; the soft parts, the tendous, and the bones are all increased in size. In the false variety, the condition is perhaps one of diffuse lipomatosis.

The "depopulation" of France and the means of checking the progress of the evil are subjects that have for some time engaged the attention of the Academie de Medicine, but the deliberations of that body have not yet led to the discovery of an effectual remedy. In the meantime M. Tarnier, the President of the Academie, has offered a bounty of one hundred francs to every married couple in his native commune who shall enrich the French Republic with an additional citizen during the year 1892.

The Marine-Hospital Bureau has received a letter from the British Legation in Washington, requesting authentic information regarding the epidemic small-pox in the United States, and also regarding "any case of injury alleged to be due to vaccination, that may excite public attention." This information is requested in behalf of the English Royal Commission on Vaccination. Those who may be sufficiently interested to contribute to the information desired are informed that

short descriptive articles upon any local epidemic of small-pox, and any properly authenticated account of injury alleged to be due to vaccination, if sent to the Marine-Hospital Bureau, will be forwarded, through proper channels, to the British Legation: and due acknowledgment will be made therefor.

The following are a few of the many ways in which the word physician was spelt on different medical affidavits, passing through the hands of a Washington attorney, in which the affiants stated their occupation under oath: fazition; fician; fesicion; phisishun; phvsian; physition; physican; fosition; physicean; facetiun, phasician; phyeseciun; fosishun; phisornton: phshiun; fasian; physiciation; physycaean; physycun; phieision; phizsician; fizison; focicent; phician; phycion; physciane; physcin; phyfician; fursision; phasisun; phesition: fezetun.

Among the answers from candidates for license to practice medicine in Minnesota at a recent examination, the following words appeared: colatrial, ariate, higinic, utris, utrin dush, serious fluid, playsenta, bactria: puss; bouls, vetbra, serberlium, parylis of the svincter, likur sanger.

The question as to who is the legal owner of a prescription has been discussed recently in English medical journals and in the pharmaceutical papers in this country. Different opinions have been advanced, one that it should belong to the physician on the same principle that a check is returned to the drawer from a bank; a second that it belongs to the patient, since he has paid for it; and a third that it should be the property of the apothecary, as being a note addressed to him, and also as evidence in case of question of proper compounding. A correspondent of an English paper says that in Prussia—though no special law on the subject exists—it is invariably considered the property of the patient. A prescription can be made up again and again, as often as the patient wishes, unless it contain dangerous substances, in which case the prescription must be marked "*ad libitum*" or "*reiteretur*" by the physician. There is no limit to the time within which a prescription must be presented.

Dr. Samuel O. L. Potter, Profesor of Medicine in the Cooper Medical College of San Francisco, and a graduate of Jefferson Medical College of Philadelphia (with first prize, '82), recently passed the required examination and was admitted on April 30 last, a member of the Royal College of Physicians of London, forming one of a class of nine candidates, all of which were M. D.'s of British Universities, viz: three of Cambridge, one of Oxford, one of Edinburgh, two of Londan, one of Aberdeen.

Those who understand the peculiar rank of British qualifications will recognize the M. R. C. P. of London as the "hall-mark" of the British medical profession, and that it is a coveted one may be seen from the fact that all the candidates therefor previous M. D.'s or M. B.'s of universities— asking this as an additional honor. The qualification of this college given at the ordinary final examination of students is the license, "L. R. C. P." London, and does not admit, as does the membership, to the college itself.

The only other Americans holding this qualification are Prof. Osler, of Baltimore, and Dr. Robinson, of San Francisco. It is also held by two English practitioners in California, and one in Washington, one in Canada, and one in British Columbia. We understand that Dr. Potter left his bed in convalescence from bronchopneumonia to undergo the examinations of the week ending April 30, and that he has since had a relapse and is dangerously ill.—*Jour. Amer. Med. Asso.*

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 7. BALTIMORE, JUNE 13, 1891. NO. 533

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Original Articles.

INJURIES TO THE KIDNEY.*

BY RANDOLPH WINSLOW, M. D.

Professor of Anatomy, and Clinical Surgery in the University of Maryland. Professor of Surgery in the Woman's Medical College of Baltimore.

On the evening of October 17, 1890, a gentleman aged about 33, and weighing 170 pounds, whilst driving with a friend in a light buggy, was thrown out, through colliding with another wagon. The horses were going very fast, and the wagons collided with great force, pitching this man out violently. He must have fallen upon his abdomen, though there were no marks upon the surface. After recovering from the stunning, he was able with assistance to walk to a neighboring house, where he was put to bed. He was shocked, and nervous, and some stimulants were administered. When I arrived some three-quarters of an hour later, he was still in a condition of shock, cold, clammy, pale; his pulse was, however, good. He complained of severe pain between the right ribs and ilium on the lateral aspect of the abdomen, pressure was not very painful, the abdomen was soft and there was no percussion dullness. He vomited freely after the accident. With great difficulty he was able to walk to a carriage about three hours after the collision, and was brought home, a hypodermic injection of morphia was administered and he was put to bed. There were no bladder symptoms present. The next morning the urine was heavily loaded with blood, so that it appeared to be almost pure blood. The bowels at no time contained blood, the pain in his

right side continued, and severe sticking pain over the liver was complained of, and there was nausea and vomiting. The bloody urine gradually diminished, but did not disappear entirely for a weak or more. Fever was early developed, reaching 102° with a pulse 115, on the 2nd day. The belly remained soft and at no time could any collection of fluid or exudation in the right lumbar region be detected. At times the urine would clear up entirely, and after an interval considerable quantities of blood would reappear. There was complete anorexia, and insomnia except when an anodyne was administered. As the renal symptoms abated, a new series of phenomena appeared on the opposite side. The left scrotum and cord were attacked with severe pain, radiating down the left thigh, and extending upwards along the cord. A deep seated swelling could be detected which was elongated and appeared to be the cord itself. This swelling was tender and painful. The left leg began to swell, and a phlebitis occurred, causing marked œdema and great aching in the limb. The right sided symptoms subsided in about two weeks, but the left sided symptoms lasted many weeks and only gradually disappeared.

This case whilst it is not remarkable in any way, presented symptoms which were both rather uncommon and quite alarming, and I thought it might serve as a text to discuss a subject which as far as I am aware has never been brought to the notice of this Faculty.

A man who falls from a greater or less distance or in some way receives a severe degree of violence, and is stunned and suffers pain referred more or less to the region of the kidney, with or without external marks of violence, presents no symptoms of a diagnostic character. With the appearance of bloody urine, a sign of positive diagnostic value is presented, but one which is by no means pathognomonic of any particular lesion.

Injuries to the kidney may be divided into those which are associated with a wound of the integuments and those which are not; of these the subparietal injuries are much the most common. According to Henry Morris, out of 2610 inspections of persons dying of all kinds of injuries, there were 13 of injured kidney, and of these 12 were subparietal and one a penetrating wound. The renal injury may vary of from a slight contusion, to a complete rupture into two or more parts. Of the 12 cases mentioned above there were seven lacerations, extending through not more than ½ the thickness of the organ. In two the kidney was ruptured eompletely into two portions, in one the kidney was crushed to pieces, whilst in two there was no rupture of the organ, but an extravasation of of blood, under the capsule and in the ureter respectively. In most cases there is an extravasation of blood into the perinephric connective tissue. The rent in the kidney may extend in any direction and may involve any portion of the organ. The right kidney is more frequently involved than the left, and the liver is also frequently ruptured. In the case narrated above, there was persistent pain in the region of the liver. Amongst the symptoms of injury to the kidney, hæmaturia holds the most important place, though it should be remembered that bloody urine does not necessarily indicate a renal injury, nor does its absence absolutely prove that no lesion of this viscus has been sustained. The degree of injury can not be determined from the hæmaturia, but the persistent presence of blood in the urine in large quantities, would afford a strong probability of some serious lesion. The blood may be voided in the form of casts of the ureter, or in small clots. Sometimes a collection of blood may form around the kidney, giving rise to a swelling in this region. Pain is a marked and early symptom, being situated usually in the renal regions, but it may shoot down the spermatic cord into the

testicle, causing a retraction of this organ. There may or may not be external marks of injury. Micturition may be increased in frequency and painful, or in some cases there may be total suppression of urine from plugging of the ureters with clots. Shock is usually marked, and is followed by decided reaction, quick pulse, fever, nausea and vomiting, and persistent pain, which is increased on inspiration, producing a stabbing sensation.

One of the complications to be feared is peritonitis, with its concomitant symptoms of pain, tenderness and tympanitis. The hæmorrhage may be so severe as to produce death rapidly, or more slowly by exhaustion. Sometimes suppuration occurs from the irritation of the perinephric tissues with blood and urine, and requires to be evacuated by surgical means. Amongst remote complications are hydro- and pyo-nephrosis from distension of the kindey, due to an obstructed ureter, and traumatic nephritis is always a serious danger. The prognosis of an injury to the kidney must always have in it a large element of uncertainty; taken as a rule, all renal injuries are serious and may be followed by death, whilst recovery may follow even complete rupture of the organ. Cicatrization of renal wounds has been frequently observed in cases, in which death has been due to intercurrent affections.

Treatment.—Rest is all-important in the treatment of suspected or recognized injuries to the kidney. The patient should not be allowed to raise up, all sources of excitement should be sedulously avoided, the food should be liquid and unirritating, pain should be controlled with morphia. If the hæmaturia is moderate in quantity, fluid extract of ergot, or ergotin, should be administered every two or three hours, or gallic acid or turpentine. The bowels should be moved by enema if constipation exists, but this ought not to be done more frequently than is absolutely necessary, as the passage of feces along the colon is liable to cause increased bleeding or to start it afresh, if it has ceased. Strapping the injured side with adhesive plaster tends by its immobilizing and compressing action, to relieve pain and check hæmorrhage. Vomiting and retching are liable to detach clots from thrombosed vessels and cause renewed or increased bleeding, hence should be controlled or prevented by attention to the diet, etc.; if the stomach is excessively irritable, rectal feeding should be employed. When there is cause to suspect that hæmorrhage is going on, as from the presence of large quantities of blood in the urine or bladder, or swelling in the loin, indicating extravation around the kidney or within the kidney itself, or from the increasing collapse, ice bags or Leiter's coils with a stream of ice water running through them should be placed over the affected region. Still more urgent symptoms of hæmorrhage demand an exploratory incision into the loin, and if the bleeding cannot be arrested by pressure or ligature, the kidney should be extirpated. A patient should not be allowed to bleed to death without a nephrotomy or nephrectomy being performed. When the bladder becomes filled with clots, cystitis and possibly pyelonephritis and pyæmia may result, unless a cystotomy is performed through the perineum, which will allow the decomposing clots to be removed and the bladder to be kept at rest. Small clots will pass from the bladder naturally or may be removed through a large-eyed catheter or by the lithotomy aspirator. Sometimes a swelling occurs in the lumbar region, which is due to the escape of urine into the connective tissue around the kidney, caused by rupture of the pelvis or calices of the kidney, as rupture of the kidney tissue is not followed by the escape of urine. This is liable to set up suppurative inflammation and a perinephric abscess, which must be relieved by incision. A circumscribed fluctuating or elastic swelling in the loin may be a pyo- or hydro-nephrosis, which will require nephrotomy and possibly nephrectomy.

A CERTAIN CLASS OF OBSTETRIC CASES IN WHICH THE USE OF FORCEPS IS IMPERATIVELY DEMANDED.

BY AUGUSTUS P. CLARKE, A. M., M. D., OF CAMBRIDGE, MASS.

Among obstetricians there is a conviction deepening more and more by experience that whenever a preference is to be made between the use of forceps and a resort to internal version, the forceps should be chosen. The danger will be much less, not only to the child, but also to the mother. The risk that the child be born asphyxiated, and often the difficulty if not impossibility of establishing artificial respiration, when internal version is had recourse to is admitted by all accouchers. Even in that class of cases in which there is much deformity or unusual narrowness of the pelvis the forceps is safer than version. In offering this statement in favor of the choice of forceps, it is not on the ground that greater skill is required in the management of version, but because statistical reports of the masters of almost every country show that great risks are incurred by the employment of this method. All are aware that the forceps within a comparatively recent period has been used much more frequently than formerly. The adoption of this practice has attached greater safety in parturition, the mother has escaped many dangers, the mortality has been greatly reduced and suffering has been more or less diminished. The timely use of forceps has also resulted in great saving of fœtal life. It is said as an objection that the forceps has often been used to terminate labor that was in all respects progressing favorably. Admitting that this may sometimes have happened we are taught, nevertheless, the fact that the obstetrician having known the advantages to be derived by the forceps and guided, as we must presume, by an intuitive instinct, in the conduct of right doing has sought only to minimise a suffering, which to the minds of those less appreciative would be regarded only as the development of the normal physiological function. Influenced in conduct by such motives, the question arises, "In what class of cases is the use of forceps imperatively demanded?" Formerly the chief indications for the use of the forceps were the undue resistance from the soft parts, the debilitated condition of the mother, and the occurrence of convulsions. The indications I had enumerated fall far short of comprising the conditions in which the forceps is now required. Within a recent period real improvements in obstetric practice have been made. The skill exercised in the development of surgical instruments generally has given us important improvement in the construction of forceps; consequently many cases of protracted labor, which would have heretofore been left to other methods of procedure, can now be happily terminated by the timely use of forceps.

When the head of the fœtus has decended into the cavity of the pelvis and the labor has become lingering from uterine inertia, the forceps may be used with the greatest advantage.

In protracted labor, when the fœtal head has engaged the pelvic brim or has only reached that introitus and become arrested in its descent, the forceps should be preferred to all other means for relief. The necessity for the application of the forceps in such cases implies the existence of a normal or a nearly normal proportion of the pelvic cavity. In the case of Mrs. B., aged twenty-three years, who was confined March 10th for the fourth time, the fœtal head engaged in the pelvic brim, but could make no further descent. The pelvis, however, was well formed, the antero-posterior diameter was 3½ inches, and the transverse nearly four inches. The position was occipito-anterior. Regular recurring pains continued

until some time after the cervix had fully dilated and the membranes had ruptured and the head had engaged the pelvic brim. After this, by some cause apparently from the breadth of the shoulders and the size of the head, the case did not progress. Ether then being administered and the long forceps applied, labor was brought to an easy and speedy termination. The child was strong and did well. The mother suffered from no serious inconvenience. In her third confinement I was called in attendance and a similar condition of things obtained, except that the os, or rather the cervix, was slower in undergoing dilatation. Ether was given and the long forceps was used, without any mishap. In her second confinement I was also in attendance. The patient was much longer in labor; the position of the head was unfortunately occipito-posterior and the head did not readily engage, but rested on the pelvic brim. The long forceps was called into requisition and delivery was successful. During her first confinement I was not in attendance. From the history of the case it appears that the patient was some twenty hours in labor. The forceps had to be used. The child was born alive; the head, however, I was informed, was much disfigured.

In a case to which I was called March 15th, the head entered the pelvic cavity, but failing to make further perceptible advance, forceps were used. The position was occipito-posterior and delivery was easily accomplished. Both mother and child did well.

In another case to which I was recently called, the liquor amnii had escaped early, and the labor was making but little progress. The os and cervix were only partially relaxed. The pains were unusually severe and at times almost tetanic. Morphia used hypodermically and the inhalation of ether served in some measure to overcome the rigidity of the uterine cervix and it enabled me to apply long forceps to the head, which was resting on the pelvic brim. In a case to which I was called in consultation the patient had been in labor some eight hours; the membranes had ruptured, and the pains were severe and exhausting, but failed to effect propulsion of the head. Chloral, and subsequently ether, were administered. This overcame the uterine spasm and also served to relax and to dilate the cervix. Owing to the rigid and irritable condition of the uterus generally, a resort to version was deemed unsafe, both to the mother and to the child. Forceps of somewhat unusual length was finally chosen, and delivery was safely accomplished. In reviewing the obstetric practice which I have had for the past twenty-four years, I find that in the cases in which the head had become arrested at or above the brim of the pelvis the results of each of the various methods adopted for relief clearly show that the long forceps is to be preferred in almost every case in which the head of the child was at the brim or had rested upon it; if forceps sufficiently long was employed, delivery was accomplished without serious injury. In cases in which the head had not reached the brim, if the cervix was relaxed, and supra-pubic and abdominal pressure was rightly exercised, forceps could be applied and delivery safely effected. In giving the results of my experience I make no reference to cases in which the head was above the brim, when there was evidence at the same time that the child was not alive; nor do I intend to consider the class of cases in which a preternatural presentation occurs. In every such case the medical attendant can be guided only by the history of the patient, his own experience and the indications before him.

In regard to the great resistance offered by the soft parts as an indication for the choice of forceps, other methods of procedure may be resorted to with more beneficial effect. Ether, and in cases of suspected renal complications, chloroform, chloral, opium, or morphia hypodermically used, and nitrate of amyl will

often assist in overcoming the vulval resistance. The administration of any one of the above may be supplemented by ergotine or by a milder oxytoxic. The recent advances made by the development of the practice of gynæcology unmistakably show that the great resistance which is sometimes offered by the soft parts to the descent of the fœtal head, especially when such resistance occurrs in the vulva, should not be overcome by the application of forceps. By the employment of force, undue distension, and laceration of the vulva and the vaginal introitus, as well as of the lower segment of the uterus, the tissues and vessels of the bladder and also of the perineal structures are liable to take place. In cases of posterior occipital presentation we have a different element opposing the descent of the head. After the head has entered the pelvis the force of the uterine pains becomes misdirected. In this class of cases it is seldom that the soft parts offer any considerable resistance. The employment of the forceps, as has been said, merely regulates the propelling force, and soon without producing any untoward results the child will be in the hands of the nurse, and every danger which can reasonably be apprehended is found to have been averted. In regard to that class of cases of protracted labor in which the head has descended to the pelvic brim, experience shows, if I mistake not, that the forceps is imperatively demanded. In a case of protracted labor in which the head has not reached the brim, and the child is still alive the results of my experience are largely in favor of the forceps. For every such case the forceps selected should be of the requisite length, and of a curve adapted to the peculiar features of the pelvis. The following case to which I was called in consultation illustrates the advantage of forceps in high operations. Mrs. H. æt. 35 years, had been in labor 27 hours, this was her first labor. Her Physician had been in constant attendance. When I arrived I found that the membranes had been ruptured and the os and cervix had fully dilated. The head was considerably above the pelvic brim. After the patient had been profoundly etherized, long forceps were applied, but as soon as traction was made the blades slipped because they had not been curved sufficient to allow their convex edges to pass the hollow of the sacrum. Forceps with a sharper curve were more easily applied and the patient was quickly delivered of a living child whose weight exceeded nine pounds. The patient recovered without serious constitutional or local disturbances. Occasionally I have been called in consultation to cases in which I was expected to apply forceps before the cervix had fully dilated. In all such cases I advise waiting and endeavoring to effect by some of the different means proper dilatation of the lower uterine zone. In cases of puerperal eclampsia, in which it is deemed necessary to hasten labor, digital and manual dilatation of the cervix should first be accomplished. Then, if the head presents, whether at the brim of the pelvis or above it—the forceps should be used. In breech or footling presentations, after the head has descended into the pelvis the forceps is often of the greatest benefit in expediting labor, and thus preventing asphyxia of the child. In deciding in any case as to the necessity for the use of the forceps careful consideration has to be exercised. In reviewing discussions on the subject we have noticed that the advantages and safety of the forceps have been variously estimated. In the practice of some the forceps has been used as often as once in every four to six cases. The necessity for such frequent use may not seem unlikely to occur in the practice of those who are connected with lying-in hospitals, or in consultation. This frequent employment of the forceps, merely for shortening the time of labor betrays lack of appreciation of the real advantages to be derived by instrumental interference, and also want of conception of the dangers, either immediately or remotely that may follow in any case in which forceps has been brought into reqisition.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD THURSDAY, MAY 14, 1891.

The 726th meeting of the Society was called to order by the president Dr. David Streett.

Minutes of previous meeting read and approved.

Dr. W. S. Gilroy was elected to membership.

Dr. Harry Friedenwald read a paper entitled

PECULIAR VISUAL DISTURBANCES CAUSED BY WEARING GLASSES.
(BINOCULAR METAMORPHOPSIA.)

Dr. Geo. Thomas read a paper entitled

ATROPHIC RHINITIS,

and exhibited an improved spray tip, for cleansing the post-nasal chambers through the anterior nares.

Dr. Harry Friedenwald said he thought the little instrument was good, not only in the disease spoken of, but in an inflammatory trouble of the nasal fossæ, by preventing the extension of the disease to the post-nasal orifices and thus to the middle ear. He was glad to hear Dr. Thomas denounce the douche, as it is a fruitful source of middle ear trouble. He thought all forms of washing the nose, by passing a stream of water through the nose as dangerous as the douche.

Dr. J. W. Chambers related several cases of

TRAUMATIC INJURIES TO THE BRAIN.

1. Case, boy, struck over head with a pitcher, brought into hospital in collapse, severe scalp wound, no cranial fracture could be made out. Rallied after about 24 hours. Walked about, talked rationally, ate well, and no pain. In a few days he developed severe pain at seat of injury, and high temperature. An operation was done 12 days after being brought in the hospital. A half inch button was trephined, the dura mater was opened, an aseptic needle was passed about a dozen times, as a probe, in all directions into the brain and into the ventricles. About ʒiss of cerebro-spinal fluid was drawn off, but no pus was discovered. The wound was dressed antiseptically, and the patient made a rapid and excellent recovery.

2. Male, æt. 48, R. R. conductor, fell from a train and brought into hospital in an unconscious condition. There was a scalp wound but no fracture could be made out. Pupils were contracted and a small amount of blood in the left ear. Diagnosed as a case of concussion and laceration of the brain. He was brought into the hospital at 9 A. M. and died at 9 P. M. The post-mortem showed laceration and hæmorrhage into the brain, but no fracture of skull.

3. Male, æt. 22, fell from fourth floor down an elevator shaft; was brought into hospital shortly after the accident, in a semi unconscious state; there was a fracture of the skull, the right ear was nearly torn off the head; nose was bleeding, had a large contusion over the left eye; there was no sub-conjunctival hæmorrhage, pupils contracted, pulse 52, sub-normal temperature, he was restless and irritable, in two hours after being admitted he was totally unconscious. The temperature began to rise and respirations increased in frequency until he died. One hour before death the temperature taken in the rectum was 107° F.

One hour after death the temperature taken in the same way was 106° F. The post-mortem showed a linear fracture of the skull through the temporal bone, with extensive hæmorrhage in the brain. In the first case there was shock for the first 24 hours, then the patient rallied and did not develop any serious symptoms for several days. Then there was pain at the seat of injury, and high temperature. No fracture was made out in this case at all. There was prompt cessation of the symptoms after the operation. If we can draw any conclusions from one case, we may say that opening into and exploring the brain is not so serious a matter as it was supposed to be some few years ago.

In the 2nd case the patient had all the symptoms of fracture of the base of the skull, but there was not a fracture. In the 3rd case, loss of consciousness was not due to the injury to the brain received in the fall, but was due to the pressure exerted by the hæmorrhage, as he did not become totallly unconscious until two hours after coming into the hospital. Brain surgery does not differ so materially from surgery as applied to other parts of the body. There is no good reason why the brain should not have the application of a principle in surgery that is known to be good when applied to other parts of the body.

Dr. Wm. H. Norris said there had been great advances in surgery in the last twenty years. Previous to the civil war, it was taught and practiced that to open into the brain meant death. It was shown during the war that brain injuries could be treated as well as injuries to other parts of the body.

In the 1st case of Dr. Chambers' he had opened into the brain and found nothing. If the good effect of the operation was from the relief of tension by drawing off the ℥iss of cerebro-spinal fluid, why could not the same effects have been had by venesection or by the use of saline cathartics?

Dr. Harry Friedenwald said the 1st case of Dr. Chambers' was of special interest to him. He had examined the boy ophthalmoscopically and found his eyes perfectly normal. He had done a similar operation and the patient had died, but the post-mortem showed that he died from thrombosis of the lateral sinus and not from puncture into the brain.

Dr. Chambers said, in answer to Dr. Norris, that the boy had been treated with an ice cap and cathartics. He was known to have had an injury on the head. He had high temperature and his condition, taken in connection with his history, made it morally certain that he had an abscess of the brain and he thought it proper to give him the benefit of an operation.

J. Wm. Funck, M. D., Rec. and Rep't Sect'y.

1710 W. Fayette St.

IDENTITY OF SMALL-POX AND COW-POX.

M. M. Eternod and Haxiers (*Sem. Med.*, 1890, No. 58), from the results of their experiments on the transference of small-pox from man to the calf, are convinced that small-pox and cow-pox are caused by the same virus. For the purpose of inoculation small-pox lymph, from cases varying in severity was used, and was rubbed into a moderately large extent of scarified skin in the abdominal region of the calf. The first inoculation was followed in every case by a scanty crop of pustules at the spot chosen. This eruption had at first very little resemblance to typical cow-pox, but on transferring the disease from calf to calf it became more and more characteristic, until, in the opinion of the authors, it was impossible to distinguish it from true cow-pox. The calves vaccinated in this way with human small-pox lymph were found in every case to be refractory to vaccination with ordinary cow-pox lymph.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor. JOSEPH E. GICHNER, M. D., Associate Editor.

Subscription $3.00 *per annum, payable in advance.*

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BALTIMORE, JUNE 13, 1891.

Editorial.

A NOVEL TRACHEOTOMY TUBE.

A tracheotomy tube which will allow the patient to breathe, as he pleases, either through the mouth and nose or through the artificial opening in the wind-pipe, or by both ways at once, is quite worthy of consideration, for the dangers which arise from entrance of the air of the sick-chamber immediately into the trachea would be lessened if air coming from the upper air-passages could be mixed with it or if the respiration through the tracheal opening were utilized only during the temporary occlusion of the laryngeal passages.

Such a tracheal tube is described (with illustrations), by Dr. Bond, of Leicester, in the *Lancet*, March 7, 1891.

The instrument is made in two halves, so that it may be more easily introduced. When put together, it may be described as consisting of a tube (having, we may guess, a diameter of $\frac{1}{4}$ inch and a length of 1 inch), let at right angles into another tube (of the same diameter and about $\frac{3}{4}$ inch long), at its middle. In order to take it apart, an outer retaining collar is slipped off the first tube, which now separates readily along its middle into two semi-cylinders, each of which has half of the second tube attached to itself. Thus the instrument, when put together, is T-shaped; when taken apart it separates into two L-shaped pieces.

Dr. Bond devised it for a case of cut-throat. A man fifty-two years of age made a transverse wound in his throat, dividing the trachea completely below the cricoid cartilage. Suppuration occurred and dyspnœa came on three days afterwards. For this an ordinary bivalve tracheotomy tube was introduced. The dyspnœa was relieved, but the tube had to be kept in nearly all the time during the succeeding six months. At the end of this period, Dr. Bond found, upon examination, that respiratition was carried on entirely through the tracheal opening. A septum-like membrane stretched across the trachea just above the wound

and shut the larynx off from the trachea, rendering vocalization impossible. The larynx was opened by the surgeon and the membrane was cut away. Efforts to keep open the channel thus restored, by the use of rubber tubing, having failied the T-shaped tube was devised. The two L-shaped pieces were introduced successively, the shorter arm of the one being passed upward through the reopened channel, and that of the other being passed downwards into the trachea. The longer arms, which projected from the cut in the neck, were then brought together by the cylindrical collar, which was slipped on them and fastened with a screw. This the patient readily learned to do for himself. The patient could thus breathe either through the mouth and nose or through the tracheal wound, and by closing the projecting arm of the tube with a cork or with his finger he could speak clearly and distinctly. At the date of the report the tube had still to be worn, but the patient's condition was very comfortable and he could talk and earn his living.

Dr. Bond thinks that the tube is especially suitable for cases, like the above, in which granulation and cicatrization after transverse suicidal wound has produced serious interference with laryngeal functions. When healing is complete—that is, when skin and mucous membrane have joined all around and left no granulating and encroaching edge—it is possible that the patient may be able to do without this tube, and then the opening in the neck will contract, leaving only a small aerial fistula.

Reviews, Books and Pamphlets.

Practical Treatise on Electricity in Gynæcology. By EGBERT H. GRANDIN, M. D., Chairman Section on Obstetrics and Gynæcology, New York Academy of Medicine; Obstetric Surgeon, New York Maternity Hospital; Obstetrician, New York Infant Asylum, etc.; and JOSEPH H. GUNNING M. D., Instrutor in Electro-Therapeutics, New York Post-Graduate Medical School and Hospital; Gynæcologist to River-view Rest for Women; Electro-Gynæcologist, North-Easterm Dispensary, etc. Illustrated. Octavo 180 pages. Muslin, $2.00. New York: William Wood & Company.

The work is, as its name indicates, a practical treatise, and does not waste much space in dealing with the controversial aspects of electricity in gynæcology. After a short but clear article on general considerations and apparatus it proceeds to give practical instructions on sanitary uses of electricity, electrolysis, static, Franklinic, or fractional electricity, the treatment of malignant growths by the galvanic cautery, and electricity in obstetrics. The book is well illustrated, well made, and contains a very good index.

Fever: Its Pathology and Treatment by Antipyretics. Being an Essay which was awarded the Boyleston Prize of Howard University, July, 1890. By HOBART AMORY HARE, M. D., B. Sc., etc., etc. F. A. Davis, Philadelphia.

This volume is No. 10 of the Physicians'and Students' Ready Reference Series." The fact that the Boyleston Prize was awarded this essay is a sufficient guarantee of its merit, but a study of its pages only, allows a full appreciation of its value. The experimental works here recorded, as well as the tables of clinical experence with antipyrine, antifebrin, phenacetine and salicylic acid, are especially timely and valuable. The book is well made and illustrated with many interesting sphygmographic and thermometric charts.

The Physical Diagnosis of the Diseases of the Heart and Lungs and Thoracic Aneurism. By D. M. Camman, B. A., Oxon., M. D., Etc. G. P. Putnam's Sons.

This carefully written and well illustrated little manual is to be highly commended as a convenient and reliable exposition of the subjects treated of. It is true, as is frankly confessed in his preface, that "the author's modification of the common stethoscope and the bimanual hydrophone are given more space than from their intrinsic value they deserve; but we are prepared to look benignly on this little fault in view of the many merits of the work. The book is well made and supplied with a good index.

Medical Symbolism in Connection with Historical Studies in the Art of Healing and Hygiene. Illustrated. By Thomas S. Sozinskey, M. D., Ph. D., Etc. F. A. Davis, Publisher, Philadelphia.

This book is No. 9 of "The Physicians' and Students' Ready Reference Series," and is one of the most interesting numbers. It is out of the usual line of medical publications and contains the fruit of much classical study and research by the gifted author. The history and significance of medical symbols, from the Æsculapian serpent to the regulation gold-headed cane, are well discussed. The interest aroused by the book makes one regret the more the early death of the outhor. The lack of a good index is to be regretted.

The Pocket Materia Medica and Therapeutics; a resume of the Action and Doses of all Officinal and Non-officinal Drugs Now in Common Use. By C. Henri Leonard, A. M., M. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Menicine. Cloth, 12 mo., 300 pages; price, post-paid, $1.00. The illustrated Medical Journal Company Publishers, Detroit.

This volume, so the preface informs us, has been in preparation for the past four years. The drugs of as late introduction as 1891 are to be found in its pages. The author claims to have incorporated everything of merit, whether officinal or non-officinal, that could be found either in standarn works or from many manufacturers' catalogues. The scheme embraces the pronunciation, officinal or non-officinal indication (shown by an *), Genitive case-ending, Common Name, Dose and Metric Dose. Then the Synonyms, English, French and German. If a plant, the part used, habitat, natural order, and description of plant, and flowers, with its atonic weight, looks, taste; and how found, and its peculiarities. Then the action and uses of the drug, its antagonists, incompatibles, synergists and antidotes. Then follows its officinal and non-officinal preparations, with their medium and maximum doses, based, so far as possible, upon the last U. S. Dispensatory. Altogether, it is a handy volume for either the

physician, student or druggist, and will be frequently appealed to if in one's possession. It is the most complete small book on this subject now issued.

Resection of the Optic Nerve. By L. Webster Fox M. D. Reprinted from the Medical and Surgical Reporter, May 30, 1891.

Amputation in the Light of Prothetical Science. By Charles Truax. Reprint.

The Dios Chemical Co., of St. Louis, mailed us recently a very good lithograph of the "Uterus and its appendages," which they will send to members of the profession free of charge.

Transactions of the Twelfth Annual Meeting of the American Laryngological Association. Held at Baltimore, Md., May 29, 30 and 31, 1891. D. Appleton & Co., New York, 1891.

The neatly finished volume of the last meeting of the American Laryngological Association is at hand and it is pleasing to note the progress made in this branch. Last years work was thoroughly practical; nearly all the papers read contain clinical memoranda, with a resume of the special work done during the year. The typographical get up is very good and we recommend this volume to our readers interested in this branch.

A Text Book of Practical Therapeutics; With Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., B. Sc., etc. Second edition, enlarged and thoroughly revised. Philadelphia: Lea Brothers & Co., 1891.

Among the many books on therapeutics which have appeared recently, this on eis entitled to a front rank on account of its sound and practical suggestions and its arrangement. Part I, General Therapeutical Considerations, and Part II, Drugs, is treated very concisely and arranged alphabetically, so that any remedial agent can be readily found. Part III, Remedial Measures other than Drugs, and Foods for the Sick, is a subject which we are glad to see ably presented, as it is omitted in many of the text-books, and in some only partially given. The knowledge of these means, the most rational natural therapeutics is of great importance to both student and practitioner. Part IV, Diseases, gives the practitioner ready reference to therapeutical measures employed; the ideas are the most advanced. The mechanical make-up of the book is in the usual good style of the publishers.

RESULTS OF EXCISION OF CHANCRES.

Dr. Jullien (*Annales des Maladies des Organes Genito-urinaires*, April, 1891, p. P74), records the result of this operation in eighteen cases, and contends that his results are such as to lead him to continue the plan. In itself the operation is simple enough, and the wound usually heals by first intention. Only on four occasions in his eighteen cases has the induration returned, and in no single case has it been attended with ulceration. In two cases the chancres completely reappeared. In a considerable number of instances no constitutional symptoms followed, and Dr. Jullien considers that when the induration is quite recent, and when there is no affection of the glands or of the lymphatics, the operation should be undertaken, and will in a fair number of cases yield a satisfactory result.

Correspondence.

LONDON LETTER.

DR. BRANSFORD LEWIS, CORRESPONDENT.

THE TRIP—A WEEK IN NEW YORK AND HER POST-GRADUATE EDUCATION AS COMPARED WITH THAT OF THE OLD WORLD—THE SPECIAL HOSPITALS OF LONDON AND PARIS—ENGLISH CHARACTERISTICS—THEIR PRIMITIVENESS—STRICTURE—SOME DEVICES—ADVANTAGES OF LONDON OPERATING THEATRES—INTERESTING OPERATIONS, ETC.

LONDON, May 3, 1891.

"A foreign correspondent!" How little I realized the "momentum" of this title. In my imagination a bottle of ink, pad of paper, and a "choice collection" of ideas constituted all the necessary elements of which that functionary is composed, but 1 never appreciated before now to what degree of martyrdom a man must resign himself in order to qualify as a London correspondent, but I do now —most thoroughly. Think of crawling into one's room in the early evening *in London* to write a letter on things medical or scientific or otherwise prosy, when the clatter of the busy cabs, the busses, the hum of the throngs of people and the gay and inspiring strains of "Annie Rooney" floating up to his "palatial" apartments, all invite him down to join their merry ranks. Yes, one must first be a veritable Saint Anthony to be a London correspondent. And, I candidly confess —as these pages will doubtless soon show—that I am not yet prepared in the way mentioned to take on the dignity of that title. My thoughts are not wholly alienated from things worldly and commonplace, and interesting, if my hand is supposed to be devoted this evening to the cause of Æsculapius.

I have been in the "big town" a week now, having arrived here on the 21st, after a very pleasant passage on the good ship Nevada, and a stay of two days in Glasgow and Edinburg. A week's visit in New York antedated this part of my trip, and was spent in hospital and clinic inspection and in making or renewing acquaintance with some of our Eastern medical brethren.

I was especially desirous of ascertaining the relative value of post-graduate instruction in special departments to be attained there, as compared with that given in London, Berlin, Paris or Vienna, and naturally I have not yet come to any conclusion, having gotten only as far as London. But I'm "a-takin" notes, and expect to learn something on the subject before I get back.

I was struck with one feature concerning New York medical instruction, however—that there is too much dividing up of the clinical material; patients that would make good subjects for clinics in special branches—for instance, surgical affections of the genito-urinary apparatus—that collected into one clinic at one hospital would make an extensive and valuable service there, are scattered about in various general surgical clinics, so that the student of a special branch, not being able to attend all of these clinics, misses, on this account, many valuable cases and instructive operations, which he would be able to see under a different arrangement. This seemed to me to be notably so with reference to genito-urinary surgery. The great amount of material naturally afforded by so large a city as New York is not sent for treatment to two or three large clinics devoted especially to this branch, nor to a hospital for the treatment of such affections, but is disseminated in the way mentioned in the surgical and venereal clinics and the general hospitals. And though we may read of the brilliant and successful work

accomplished in this branch in New York, we are not able to *see* as much of it as we should like when we go there.

In London or Paris it is different. In the former city there is St. Peter's Hospital for Stone, Stricture and Urinary Diseases, with an almost endless daily clinic, and special days for operations, and the Lock Hospital for Syphilitics and Venereal Diseases, with quite as large a service. St. John's Hospital for Diseases of the Skin, with service so large that two daily clinics of several hours each are required to get through with the patients; the Blackfriars Hospital for Diseases of the Skin; London Throat Hospital; the Hospital for Consumptives and Diseases of the Chest, Brompton; the Hospital for Sick Children; the National Hospital for the Paralyzed and the Epileptic; the Royal London and other Ophthalmic hospitals, etc., etc., furnish evidence of the custom of concentrating clinical material in the way mentioned, that prevails here. The hospitals of Paris furnish evidence of the same nature. "So do those of New York," perhaps my reader will say, but he must admit that it is not by any means so common there, and he cannot mention parallels for some of the classes of disease included in the above hap-hazard list.

Therefore in this respect, at least, London affords marked advantages for the specialist student. This is only one feature, however, and will have to be considered only as such.

The English are a conservative people; that characteristic stands prominently forth at all times, on all occasions. They are satisfied with what they would call "well enough," at a point at which an American would not think of stopping. They have lived in flat-fronted, four story brick houses, and have carried on their business in five story houses of similar architectural design, for centuries; these have served them very well, they think, so why make any change? Their nation has grown great in such poor habiliments, so that, like the rich man, it can afford to look shabby.

I have long been an admirer of English conservatism, and have thought that in many cases we of America were inclined to be too hasty, in diagnosing, for instance, or too radical in operating; inclined to allow our impulsive ambition and progressive spirit to overthrow the dictates of sober judgment. But I cannot say that a closer acquaintance with this conservatism has enhanced my admiration for it any. It strikes me that it frequently amounts, in surgery and medicine, to actual slowness, and a Chinese-like imitativeness repelling progress and the advance of new ideas. In support of this conviction, with reference to the general life and business and habits of the English, I could mention a hundred facts off-hand—the primitiveness of their railroads, the coaches of which are never heated, hardly lighted, are minus lavatory accomodations, are arranged in an abominable style; the primitiveness of the hotels, with their candle lights and frequently no elevators; of the fire departments, which take anywhere from five to twenty minutes to arrive at the scene of a conflagration; the smallness and monotonous uniformity of all the houses, except the public buildings and churches or cathedrals. But my surprise at the real extent to which this "conservatism" was carried has not been lessened by the method of handling a strictured urethra which seems to prevail here. I have talked on the subject with Mr. Reginald Harrison and Mr. Heycock, Surgeons to St. Peters Hospital, and Mr. Clark, of Lock Hospital; and from confreres from Kentucky who have been here for some time, I learn that their views are about the same usually held here. They never claim to *cure* a stricture; they believe that the best result that can be obtained is the ability to maintain a comfortable patency of the urethra by means or the inter-

mittent passage of sounds throughout the patient's life-time, preceded, if necessary, by a urethrotomy. In making the urethrotomy, Mr. Heycock and Mr, Harrison use a modified maissomenue urethrotome, which cuts always to the same calibre, and never above No. 21 French, and this is as much as they usually cut, fearing hæmorrhage from a more extensive incision. If testing of the canal be means of a No. 22 or perhaps 23, bulbous sound (Lister), shows that these sizes are not readily admitted, then the enlargement is continued with a divulsing in strument up to No. 23. That done, enough enlargement is thought to be secured, and without reference to the approximate normal calibre of the canals, or the relative circumference of the penis, these are not regarded. If the No. 23 is passed the remainder of the patient's life, he has received as much benefit at the hands of surgery as he can expect.

The whole question of the correctness and propriety of such a view hinges, I think, upon whether we can radically cure strictures by more radical measures by cutting the urethra up to, or even beyond, its normal calibre, so as to secure the divison of *all* of the stricture. tissues—the carrying out, to a large degree at least, of Otis's teachings, in other words. I think that the unanimity of the maintenance of this claim on America's side of the Atlantic would be sure that we could hardly discover a dissenting voice.

Corresponding with the teachings of Sir Henry Thompson, gradual dilatation is more generally used here, and the urethrotome finds an infiinitely smaller field of usefulness than it does with us. In vesical and renal surgery I believe their attitude would not seem so extremely conservative; but on this point I am yet unbale to speak. In endoscopy and cystoscopy Mr. Henry Fenwick certainly occupies an enviable position. In addition to the practical research which he has made in the electric illumination and investigation of the urethra and bladder, he has made some valuable modifications of the instruments, and has added materially to the literature of the subjeet, both in the journals and in his book on "The Electric Illumination of the Urethra and Bladdder." He makes much use of the endoscope in his clinic, demonstrating to my satisfaction, the other day, some chronic glandular inflammations of the urethral membrane. He uses the device for inflating and balooning the canal ahead of the tube, and I think that notwithstanding the objection that has been made by some, that the congested vessels have their appearance changed by the pressure of the air in the canal, it is of material advantage in many cases. The urethra shows a different aspect from what we see with the simple tubal endoscope; we see much more of the surface at once, viewing, in fact, two or more inches beyond the inner end of the instrument. The simple Leiter electric endoscope (an older pattern), which I saw at one of the other hospitals, I should condemn as clumsy and awkward in every way. The tubes, in the first place, are too long, placing the object farther than necessary from the eye; the metal part is too thick and does not hug the obturator closely enough to prevent injurious scraping of the membrane while it is being introduced.

I do not see the Goulay calculated staff used in connection with the filiform bougie; instead, what are called "trailers," long flexible bougies, having their small end prolonged into a filiform strand, which antecedes and guides the larger part, are used. The flexible guide screwed onto the end of a metal sustrument is also in use. I should prefer our own filiform and tunneled staff to either of these.

The seats of the operating theatres in London are built on a plan which our colleges and hospitals could adopt with much advantage, affording, as they do,

a closer view of the operations by students. These seats are much narrower, compelling the on-looker to "sit standing," almost. It is not especially luxurious as a lounge for a sleepy student, but it serves the purpose for a wide awake one, and brings all nearer the operator. Another device is well worthy the attention of our hospital superintendents; viz: the stretcher upon which patients are brought into the amphitheatre; it is made of canvas, say two and a half by six feet, having its side edges turned over and sewn so that they will leave a space through which two long poles may be introduced, upon which the stretcher swings, The poles are kept apart by two iron cross-bars which slip over their ends, thus preventing the stretcher from sagging disagreeably. A patient is brought in already anæthetized, on such a stretcher, the whole is placed directly on the operating table, the poles and bars are withdrawn and he is ready; it is not necessary to lift him from stretcher to table, and back again. The ether inhalers with rubber bag attachments are frequently used.

Through the courtesy of several of the surgeons to whom I had letters of introduction, I have already been enabled to witness many interesting operations. With Sir William McCormac, at St. Thomas' Hospital, on April 25th, I saw Mr. Pitt extirpate a tuberculous testicle incidental to a radical operation for hernia on a boy about eight years of age. Mr. Pitt's second case proved to be an interesting one. A man 48 years old displayed a tumor on the anterior and inner aspect of the right thigh, just above the knee. It was about double the size of a hen's egg; was of a hard, gristly feeling, somewhat painful and inclined to become inflamed when the patient did much walking or standing. It was of slow growth.

The patient said that 14 years before his knee had been run over bp a wagon, after which the growth had begun and slowly enlarged up to the present time.

Now, do you know what that was? Rather slow for sarcoma, and didn't fill the bill for carinoma, and—well the operation was exploratory.

On cutting into it, it was found to be of a yellowish-white color, firm of consistence, non-capsulated, apparently growing from the *vastus internui* muscle, and closely connected to the membrane of the joint. It then suddenly occurred to Mr. Pitt that it bore a very close resemblance to a gumma; a piece was excised and sent to the hospital pathologist, who soon returned a confirmation of this last diagnosis. The wound was re-closed and the patient was put on the iodides.

Other operations I shall have to speak of in another letter, as I notice this is growing to a length that endangers its interest. I had intended to say something of the Universities at Glasgow and Edinburgh, Scotland, which I visited before coming to London, but the London topics have occupied my time.—*The Medical Herald.*

A NEW METHOD OF TREATING ununited FRACTURES OF THE PATELLA.

Wolff (*Deutsche medicin. Wochenschr.*, May 14, 1891), approximated the fragments of a fractured patella, which had failed to unite, by means of four double-pointed nails bent in the shape of horseshoes, in the broad portion of which were two holes. Four openings were bored into each fragment of bone and into them the nails were introduced and made fast. Approximation was accomplished by means of silver sutures passed through the holes in the nails. Slight loosening of the nails necessitated a secondary operation, five weeks after which the nails were permanently removed. Though the union of the fragments was not osseous, the result was eminently satisfactory, there being no separation of the fragments and function being admirably restored.—*Med. News.*

Hospital Reports.

PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL. MONTHLY REPORT FOR APRIL, 1891.

BY JULIAN J. CHISOLM, M. D., SURGEON IN CHIEF.

New patients admitted, 769.
Attendance for each day of month, 1x3.
Cyst of conjunctiva, 1.
Foreign body, 36.
Hordeolum, 3.
Papilloma of lid, 2.
Enlarged tonsils, 2.
Deviated septum, 5.
Incised wound of lid, 1.
Tarsal tumor, 7.
Internal squint, 4.
Foreign body in ear, I.
Paracentesis of drum, 3.
Adenoids, 5.
Mucocele, 2.
Daily aggregate for May, 3,333.
Cataract extractions, 16
Lachrymal abscess, 1.
Cerumen, 30.
Enucleation, 9.
Polypi of conjunctiva, 4.
Capsular cataract needled, 6.
Furuncle of ear, 6.
Epiphora, 7.
Polypus of nose, 6.
Neurotomy, 2.
Polypus of ear, 1.
Iridectomies, 4.
Mastoid abscess, 1.
Pterygium, 2.

Medical Progress.

STARVATION AND DISEASE.

So long as poverty, from whatever cause, is a constant condition of human life, so long must hunger continue to be one of its natural consequences. Probably we should add that, at all events under any circumstances now known or conceivable, instances of actually fatal starvation will from time to time occur. Partly from the practical impossibility of minute inspection, partly from a desire on the part of the poor to shun all avoidable contact with parochial help, cases must now and then appear in which death finds no visible explanation but that of absolute starvation. As for the complication of this condition with serious disease, we need not wonder if here the fatal issue is really a foregone conclusion. The crisis of the poor man's tpphoid fever or pneumonia, otherwise possibly not very grave, finds him shrunk with tissue changes, the result of inanition, and one might sometimes truly say that he dies, not so much of illness, but because in illness he lived. A number of such cases were last year the subjects of inquest, and others this year will doubtless be added to them. Parish officials, it has been suggested, have sometimes erred in refusing relief in such cases, and such an error is doubtless possible, nor is it always easily avoidable. The relieving officer's reluctance is probably founded in some instances on a knowledge of the applicant's habits and a natural desire to retain supplies which would soon be converted into alcohol at the nearest public-house The need of discrimination on the part of officials, and also of voluntary donors of charity, is therefore the more evident. At the same time, the fact that deaths from starvation do occur more frequently than may be supposed ought to temper such discrimination with a due regard for liberality. Particularly should this be remembered in presence of the necessities which often surround the lot of the unfortunate, but industrious and uncomplaining poor.—*Lancet.*

PILOCARPINE IN PNEUMONIA—A SUGGESTION.

L. B. Tuckerman, M. D., in *Medical Record* of June 6: Up to the present season the internal treatment on which I have chiefly relied in pneumonia has been morphine, tartar emetic, and tincture of aconite ($\frac{1}{60}$ to $\frac{1}{30}$ gr. each of the two former, and $\frac{1}{2}$ to 1 minim of the latter, hourly), during the earlier stages, and in the later stages full doses of iodide of potassium—from one to two grains an hour—to promote resolution and support the flagging heart. The latter feature of this treatment was, I believe, first advocated by the late Professor Palmer, of Michigan University. Up to the present season I have been well satisfied with the results of this treatment. This year, however, in the pneumonia following grip, patients have seemed to respond less promptly than formerly to it. Early last winter, Dr. P. H. Sawyer, of this city, related a case to me where favorable results had immediately followed the hypodermic injection of $\frac{1}{10}$ gr. of muriate of pilocarpine in a congestion of the lungs suddenly supervening in typhoid fever, and which promised to be rapidly fatal. Prompt diaphoresis ensued, breathing became less labored, in a few hours all signs of the congestion had disappeared, and the patient had an uninterrupted recovery. Profiting by his suggestion, I have been giving pilocarpine regularly for the last four months in connection with the morphine, aconite, and tartar emetic as above mentioned, and find that it softens the cough, allays the dysynœa, and promotes resolution better than any drug I have heretofore tried. The doses used have been from $\frac{1}{75}$ to $\frac{1}{30}$ of a grain hourly, or in urgent cases $\frac{1}{10}$ to $\frac{1}{4}$ grain hypodermatically in combination with $\frac{1}{60}$ to $\frac{1}{30}$ of a grain of strychnine to guard against too great a depressant action. The good result is probably attributable not only to the prompt relief given to the congested viscera by the dilatation of the arterioles, but also to the fact that pilocarpine powerfully stimulates the excretory functions of the skin and liver, thus tending to free the system from certain toxic products of disease. Without its use I am confident that at least four of my cases which have recovered would have proved fatal. Though early employed, and with good results, in chronic bronchitis with asthma, I am not aware that it has hitherto been used to any extent in acute pneumonia. Of course, the limited number of cases occurring in the practice of a general practitioner, can hardly be claimed to prove anything. The coefficient of error is too large altogether, but the favorable results which have followed its use in pneumonia in the hands of more than one physician in this city, (Cleveland, O.), certainly warrant a thorough test of its merits by the medical profession at large.

FIBRO-GLANDULAR HYPERPLASIA OF THE PROSTATE.

At a meeting of the Section in Pathology of the Royal Academy of Medicine in Ireland, on January 16th, Mr. Patteson showed portions of an enlarged prostate removed by suprapubic cystotomy by Mr. Tobin, in St. Vincent's Hospital. The patient, who was sixty years of age, had suffered great distress for many years. On opening the bladder three large, hard outgrowths from the median portion of the prostate were found, completely blocking the urinary outlet. They were situated closely togather on broad bases of attachment. They were removed with a wire écraseur, and the patient made an excellent recovery, with relief from all his more distressing symptoms. The parts removed were irregular in shape, the largest almost round, its transverse measurements being 3·5x3 ctm.; the next largest more quadrilateral in shape, 4x3·2x1·5 ctm. in its different diameters. The three together weighed at time of removal 10 drachms. The surfaces were

for the most part smooth, in spots somewhat irregular. They showed a firm surface on section. Microscopic examination showed a marked increase in the number and size of the glandular acini, the growth in parts bearing a striking resemblance to the earlier stages of ovarian adeno-cystomata. In other parts the fibrous and muscular elements had developed at the expense of the glandular, the fibrous hyperplasia being, however, the most prominent feature. The epithelium lining the acini was of the columnar type in general, but in some of the cystic portions of the tumor, where active proliferation was taken place, the epithelial lining was composed of several rows of irregularly shaped cells, the basement layer alone a showing a distinct columnar shape. Having regard to the excessive glandular formation shown in many parts, quite out ot proportion to the growth of the fibro-muscular stroma, it seemed justifiable to class this tumor sa a fibro-glandular hyperplasia of the gland, constituting the prostatic adenoma of some Continental pathologists.

ANTIPYRIN IN EPILEPSY.

Dr. McCall Anderson has recorded a case in the *International Journal of the Medical Sciences* under the heading "Case of Epilepsy Cured by Antipyrin." The patient was a boy aged nine years, who had been subject to fits for two years and a half. The first fit occurred six weeks after a fall. At first they occured from four to six times daily, but later they had been much more frequent, occurring as often as from thirty to forty times a day; there was also paresis of the right arm, and, after this had recovered, of the left. Three months afterwards the fits entirely ceased after the application of blisters to the head, and they remained absent for fifteen months. They began again, however, seven months before the patient's admission to the hospital, and he had as many as thirty or forty or even fifty a day. Just before admission, however, they had decreased in frequency, only occurring about twelve times in the day. On admission on December 20th he was put on five grains of antipyrin three times daily, and this dose was increased gradually until January 9th, when the dose had reached twenty-five grains. This was continued until January 16th, and then reduced to twenty grains, and again increased on the 28th to twenty-five grains. During the first six days the average number of fits per diem was 16·5, in the next four it was 13·2, on December 31st he had ten, and on January 1st the same number; on January 4th three fits, and then none till January 28th, twelve days after the antipyrin was reduced, when he had one slight fit. The dose was again increased, and no fits occurred when the last report was received on March 12th. While we have to congratulate Dr. McCall Anderson on the excellent result in this case, which he ascribes entirely to the antipyrin, we would demur in the first place to his description of the result as one of cure, and we should also be inclined to ascribe at least some of the benefit received to the changed conditions in which the patient was placed. It is always difficult to say that an epileptic is cured, and this is especially difficult in the case for a patient who has had a period of freedom from fits of fifteen months' duration on a previous occasion, and subsequent to therapeutic measures entirely different from those employed on this occasion; we should therefore hesitate to accept the case as one of cure until a much longer interval of time had elapsed.—*Lancet.*

THE FERMENTATIONS OF MILK AND THEIR PREVENTION.

Professor H. W. Conn, in a lecture before the Connecticut State Board of Agriculture, thus summarizes his conclusions as regards this subject:

1. The fermentations of milk are varied, although only a few are commonly

recognized, because the souring of milk usually obscures all other fermentations.

2. All of the fermentations, except that of rennet, are caused by microörganisms getting into the milk after milking and growing there.

3. The microörganisms are so abundant around the barn and dairy that they cannot be kept out of the milk by any degree of care.

4. The bacteria which produce the abnormal or unusual fermentations, like slimy milk, bitter milk, etc., are, however, not so common but that they may be prevented from entering the milk in sufficient quantities to produce serious trouble.

5. Filth is ordinarily their source, and cleanliness the means of avoiding them.

6. The souring of milk cannot be prevented even by the greatest cleanliness.

7. Salicylic acid in proportions of 1: 1000 may be of some little value in delaying the souring; but its use is not to be recommended except in special cases.

8. Milk can be entirely deprived of bacteria by the exposure to a temperature of from fifteen to twenty degrees above that of boiling water, or by a long-continued boiling, or by a series of short boilings on successive days.

9. Such milk has the taste of boiled milk. This taste appears at about the temperature of 160° F. Hence has arisen the method of Pasteurization of milk. By this method it is heated to a temperature of 155° F. for a short time, and then cooled. This greatly delays the fermentations, and also kills the pathogenic germs that may be present.

10. In our large cities the popularity of sterilized milk is rapidly increasing, especially given to patients troubled with diseases of the digestive organs.

11. The cooling of milk immediately after it is drawn from the cow is of the greatest assistance in delaying the fermentation, and in the present state of our knowledge is probably the most practical method which can be recommended.—*Science*, May 15, 1891.

THE PREVENTION OF PHTHISIS.

The high rate of mortality from phthisis induced the State Board of Health of New Hampshire to secure the opinion of the physicians of that State upon certain points in connection with the disease, such as its cause, frequency, preventability, treatment, etc. To this end blanks were sent to all physicians of the State asking them to answer nineteen stated questions. The returns were exceedingly complete, and as reported in the recently issued annual report of the State Board of Health, make interesting reading. A summary is almost impossible but the Board presents the following :

The chief causes and the preventative measures to be employed in the disease may be summarized, in the light of our present knowledge of the disease, as follows:

1. Pulmonary phthisis is the most fatal disease known to civilization.

2. The *bacillus tuburculosis* is generally believed to be the cause of the disease.

3. The disease, when developed after the first years of childhood, is acquired and not inherited, although there may be an inherited predisposition which renders the subject incapable of resisting the invasion of the bacilli.

4. The disease is liable to appear at any period of life.

5. That there is great danger arising from the use of turbuculous meat and milk. From the evidence which has been gathered we are led to believe the liability to infection from these sources is very great and to insure public protection in this particular the State should exercise a careful supervision of our milk and meat supplies.

6. That the greatest danger of infection is from the sputa of the consumptive. For this reason, when confined to the house, a spit-cup or spittoon should be used, and when upon the street a handkerchief to receive the expectorations. The spit-cup or spittoon might preferably contain a disinfectant, but if these vessels are frequently and thoroughly cleansed with boiling water, disinfectants are not an absolute necessity. The handkerchiefs should be immersed in boiling water at least once daily before the sputum has become dried.

7. No person should occupy a sleeping room with another who has tuburculosis, although many persons escape infection under such conditions.

8. The eating utensils of a consumptive should be washed in boiling water, and care should be exercised that the same glasses, spoons, etc., are not, before being washed, used by children and others. The patient should avoid kissing others or placing in his mouth any article likely to be used or handled by others.

9. The dejections of consumptive patients in cases where the bowels are affected should be thoroughly disinfected.

10. Perfect cleanliness of the apartments occupied by consumptives should be urged in all cases. The bed-linen, towels, etc., should be very frequently put through the operations of the laundry, while the walls should be frequently cleansed and dressed anew. In fact, the whole question of restriction may be expressed in the one word "cleanliness."—*Med. Rec.*

Medical Items.

The faculty of the Harvard Medical School, at their last meeting, voted that with the class entering in September, 1892, the regular course necessary to obtain the degree of M. D. shall be four years.

Carroll County, O., is overwhelmed with a severe type of typhoid fever. Physicians from neighboring counties were called on for assistance, the local doctors being unable to care for all the cases properly.

The oldest surgeon in the world is Mr. William Salmon, of Prullyne Court, Cowbridge, Glamorganshire, who has just attained his one hundred and first birthday. Mr. Salmon is a member of the Royal College of Surgeons. He was born March 16, 1790.

The university question is exercising the minds of educational reformers in Italy. The belief seems to be pretty generally entertained that at present there are too many universities, and a number of different schemes for the reorganization of the whole system of higher education are under consideration.

Dr. John B. Hamilton, Surgeon-General of the Marine Hospital Service, has resigned that office and accepted the position of Professor of the Principles of Surgery and Surgical Pathology in Rush Medical College, Chicago. He will be succeeded as Surgeon-General by Surgeon Walter Wyman, of the Marine Hospital Service, who has been his chief assistant in Washington for some time.

M. Lanessan, recently appointed Governor-General of Tonkin, is, like many more of the public men of France, a member of the medical profession. He was member of parliament for one of the constituencies of Paris in the present Chamber of Deputies, resigning this distinction on his new appointment. He was formerly a surgeon in the French Navy, and a diligent student of natural science, in which section he was a past Assistant Professor in the Paris Faculty of Medicine.

Dr. Rohé has been elected Superintendent of Spring Grove Asylum in place of the late Dr. Richard H. Gundry, and in consequence has resigned his position as Commissioner of Health for the city. He also succeeds Dr. Gundry as Professor of Materia Medica ond Therapeutics in the College of Physicians and Surgeons.

Dr. James F. McShane, late Assistant Health Commissioner, has been appointed to succeed Dr. Rohé.

A circular has been issued by the managers of the National Prohibition Park, of Staten Island, inviting representative medical men from all localities in the United States and Canada, to meet in conference on the 15th and 16th of July in the great auditorium Building of the Park. The chief object of the meeting is to be the comparison of views on the relationship of physiology and alcohol. Many questions are to be discussed relating to alcohol. It is announced that all views will be given an impartial hearing, and that no restraint will be placed on discussion except a time limit. It is thought that the discussion of these questions by physicians will be a great assistance to the cause of national temperance. Dr. N. S. Davis, of Chicago, will preside.

The *Medical News* says: In unanimously electing Dr. J. M. DaCosta Emeritus Professor of Clinical Medicine and Dr. Roberts Bartholow Emeritus Professor of Materia Medica and Therapeutics, the Trustees of the Jefferson Medical College have paid a graceful tribute to the greatness of two distinguished teachers. Thousands will unite with us in hoping that, though witndrawn from their more active professional duties, both may long continue to carry on their labors, each in the respective department of which he is a recognized representative, and to increase the number of their unexcelled contributions to medical literature and progress. Professor DaCosta will continue as heretofore to deliver his clinical lectures at the Jefferson College Hospital.

Fordyce Barker, M. D., LL. D., died at his home, in New York, on Saturday, May 30th, of appoplexy. The attack occurred on the Thursday before. It was only after some hours that he became unconscious, and consciousness returned a considerable time before the fatal termination took place. He diagnosticated his own case correctly, and remarked that the end was near. He had been in failing health for the last five years, ever since an attack of typhoid fever that befell him in England, but he had done more or less professional work up to the very time of the apoplectic seizure. He was in his seventy-third year at the time of his death, and even somewhat protracted ill-health had hardly impaired his fine, manly figure or his handsome, winning face; it had had absolutely no effect upon the heartiness and geniality of his demeanor.

Dr. William S. Thompson, one of the oldest and most successful physicians of Maryland, died at his home, "Weymouth," about one mile north of Warren, Md., on the afternoon of May 14th, aged seventy-six years. He had been in failing health for several years, but it was only within a comparatively short time that he had relinquished active practice. Dr. Thompson was a native of Paterson, N. J. He graduated with high honors at the University of the State of New York in 1836, and located at Warren, Baltimore County, in 1844. Here he was in continuous practice up to within a very short time of his death, his entire professional life rounding out four years more than half a century. He was a strong Union man during the late war, and afterward a Republican, although he never took an active part in politics. He leaves a wife and four children—three sons and one daughter.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 8. BALTIMORE, JUNE 20, 1891. NO. 534

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Original Articles.

SOME CONDITIONS OF THE URETHRA REQUIRING PERINEAL SECTION.

BY J. D. BLAKE, M. D., OF BALTIMORE.

Mr. President and Gentlemen:—As the title of my paper indicates, I propose to consider at this time, only a few of the conditions of the urethra, which may necessitate perineal section for their relief, indeed, only three, and they may be stated as follows:

First. Tight organic stricture of the deep and otherwise healthy urethra.

Second. Urinary Fistulae.

Third. Infiltration of urine, the result of unrelieved retention due to stricture.

The history of this method of relieving urethral obstructions, dates back to the time of Wiseman, who (in 1652) was the first to perform external perineal urethrotomy for the relief of stricture. A few years after this Solingen, at Lirourne, resorted to the same method for relieving similar conditions. From this time to the time of Petit and Le Dran (1740) external incisions for the relief of internal conditions, was carried to the uttermost extent. Think of a patient in his wretched condition suffering the tortures of the damned, coming in the day of Solingen to a surgeon for relief from an over full and bursting bladder, only to be tied hand and foot, fastened to an operating table, and his urethra laid open from meatus to the prostate, as was the practice of that day, or in the time of Desault, Boyd and Coffinere, who practiced what was called forced

catheterism which consisted in forcing a sharp or blunt-pointed poorly made and poorly curved instrument through the obstruction and healthy tissue alike, into the bladder, allowing the instrument to remain in situ for days only to be followed in most cases by infiltration and death.

Petit in the line of advance introduced his button hole operation, which he describes as follows: for tight strictures of the urethra, a sound or catheter is passed down to the obstruction and held in position by an assistant, the scrotum is raised by the left hand of the operator, while with his right he makes a large button-like incision in the perineal wall opposite to the conducting instrument, which is to be withdrawn a short distance, the surgeon then attempts to find the urethra at the bottom of the wound, at this time he would instruct the patient to make an effort to pass his water. During the effort on the part of the patient to pass his water, the surgeon makes an effort to pass an instrument into the urethra; this accomplished, the opening in the urethra is increased and a catheter is passed into the bladder where it is permanently kept until the wound has healed by cicatrization, or the death of the patient. Without the use of an anesthetic I imagine this was a very difficult, tedious and painful operation.

It remained, however, for John Hunter, in 1783, to first perform what is now known as Perineal Section, but it was rarely employed as suggested by Hunter until advocated by Mr. Grainger, of Birmingham, in 1815—and afterward by Mr. Arnott; the cases for which any of these operations were recommended, was, of course, where no instruments in their possession could be passed. But in 1844 Mr. Syme advocated external division of the stricture in cases where, although a catheter can be passed, no other treatment has afforded sufficient or permanent relief.

As to the first of the conditions stated, viz.: Tight organic stricture of the deep urethra, I would say, that they are so frequent and the accidents which they occasion are so serious, that the ingenuity of surgeons everywhere has been constantly occupied in seeking a remedy for their relief, during which time the most painful, and at the same time the most dangerous methods have been employed.

In my judgment there is no operation that may be more necessary, or become more urgent, than those necessitated by tight urethral stricture, and I do not remember any surgical affection that is calculated to give more pain, or cause more mental anxiety on the part of the patient, or more patient and persevering effort on the part of the surgeon, than tight organic urethral stricture; this is even so in this day and generation, with all the modern appliances known, at our disposal, with chloroform and ether, by which the patient can be brought absolutely under our control, with the aspirator with which without pain or suffering, the patient can be relieved of his more urgent and painful symptoms, with the filiform bougie and all the other scientifically made instruments by which an entrance into the bladder can be effected; what must the difficulties and obstacles in the way of the surgeon have been, in the dark and gloomy days of the sixteenth, seventeenth and eighteenth centuries?

Notwithstanding the large number of cases of tight urethral strictures that come under the observation of the surgeon, I am convinced that under proper treatment comparatively few will be found to be persistently impassable, and fewer still will require perineal section for their relief, in order, however, to accomplish this desirable result, the patience and dexterity of the surgeon, may be taxed to their utmost extent. Again it is to be noticed that the environments of one suffering from tight stricture will have considerable to do with whether or not perineal section will be required, it will also depend to some extent into the hands of what

surgeon he may chance to fall, for we find Holmes requesting that he may not be considered ignorant, when he states that he is skeptical as to the real value of the aspirator and prefers to puncture the bladder through the rectum with a trocar, while we find so great an authority as Keys claiming that electrolysis like caustics, must be condemned.

That great good can come of the use of either the aspirator or electrolysis, in the treatment of tight stricture and its consequences, singly, or combined, I have not the slightest shadow of doubt.

The aspirator is a temporizing agent whereby perineal section can not only be postponed, but often averted ; in my hands it has been an invaluable aid. I have time and again by the use of the aspirator 2 to 3 times daily, from 2 to 4 consecutive days, where not a drop of water would pass the stricture been able after the lapse of from 1 to 4 days to pass a filiform, and eventually relieve the obstruction by electrolysis, the condition of the bladder and urethra always serving me as a guide for perineal section. If I find the bladder does not become irritable or painful from frequent use of the aspirator I continue to use it until such reasonable time as I may hope with the use of the bougie and electrolysis to relieve the obstruction.

The following typical case will illustrate my method. In June, 1889, I was asked to see a case with a medical friend who requested me to come at once and prepared to perform perineal section, as he was convinced that no other method was left by which the patient could be relieved, he having ineffectually tried to effect an entrance into the bladder. Upon arriving at the bedside of the patient I found an enormously distended bladder with absolute retention, not even a drop of urine had passed for 22 hours ; he was 34 years old, single, and had suffered from stricture for 5 years, it having followed his first gonorrhœa, he was a rather fast young man, indulging at times to excess in stimulants but had not taken a drink for over two months previous to this attack. Believing that nothing could be gained by further efforts to overcome the urethral obstruction, I aspirated the bladder, passing the needle in the middle line about a ¼ of an inch above the pubis, relieving him of over 3 pints of urine ; he was now put to bed and given 5 grs. quinine and ¼ gr. morphine ; this was about 9.30 a. m. He fell asleep and slept for 4 hours, when he aroused, took a soft boiled egg and cup of milk. I saw him again at 6 p. m., when he said that he felt all right. I now made an effort for the first time to pass a sound ; failing in this, I tried a filifom bougie and failed. He was now put under chloroform when every effort was made, only to fail, to pass the obstruction. I asperated again, drawing this time about a pint of urine. Another 5 grs. of quinine and ¼ gr. of morphine was given. The next morning at 10 a. m., patient had had a good night, but no water had passed, bladder not distended but full. No bougie would pass. I asperated again, and at 12 o'clock same day used electrolysis with a No. 11 insulated electrode, using 12 milamp. for 20 minutes, but could not effect an entrance. 7 p. m. could not pass bougie, aspirated again, drawing about a pint. Next morning (3d day) 10 a. m. no water has passed yet, bougie will not enter, aspirated again (the punctures ranging from a ¼ to ½ inch from pubis). Same day 3 p. m. This time I had returned to the bedside of the patient determined to get into his bladder either by way of the urethra or through the perineum under chloroform. I used the bougie and failed. I then resorted to electricity, increasing the strength of the current to 18 M. A., when to my satisfaction No. 11, which is the smallest electrode, under the current for 13 minutes passed through the obstruction, after withdrawing the electrode I attempted to pass a steel sound, No. 5, same size of electrode, but

failed, the best I could do was to pass a No. 1 flexible bougie which I tied in the urethra, keeping it there until next day (4th day). At 9 a. m., when I found that the urine was dribbling from the bladder alongside of the instrument the No. 1 bougie was at this time withdrawn and a No. 3 flexible bougie passed with some difficulty. From this time on by the use of electricity, I succeeded in completely relieving the patient who now, after the lapse of nearly 2 years remains well. This is only one of many somewhat similar cases that have come under my observation during the past year, and all successfully treated as above described. The advantage of this method of treating tight stricture over perineal section without a guide, must be manifest, as that is not only an operation extremely difficult to perform but which is attended with considerable danger. Beside this, the time required of the patient during the healing process, provided that goes on uninterruptedly, to say nothing of the danger from the shock of the operation, and the risk of a fistulous opening as the result, which would require possibly a secondary operation. Therefore, many of the cases which are laid down in the books as being eminently suited for perineal section in my judgment can and should be relieved by other and safer means. I am of the opinion then that only those cases of deep urethral stricture with extensive cartilaginous induration involving the greater part of the bulbo membranous or membranous portion of the urethra, also involving the surrounding tissues in the indurator, require perineal section for their relief.

Fistulæ.—In those cases where we find fistulæ complicating stricture, I have obtained good results from free perineal incisions carried down through the cartilaginous induration (which is almost always found implicating the surrounding tissue) to the spongy tissue, immediately beneath the urethra, having thus relieved the urethra from the extra pressure which such induration is bound to exert, and making a ready exit for urine escaping from the urethra through the fistulous openings during efforts at micturation. At the same time I make an effort to relieve the tight stricture which, as a rule is not impassible to a filiform, in the same way and manner as if I had only simple stricture to deal with, that is to say, I use bougies, followed by electrolysis and in this way save the patient from the sometimes fatal effect of cutting in to the urethra, for there does seem to me to be a much more severe shock imparted to some patients by cutting even a diseased urethra open than is imparted by almost any other method of instrumentation. There is also vast difference between the effect produced on the patients by perineal section and that of perineal incision, with stricture treated in the way stated. Therefore it is only in those cases that after the incision is made the urethra is found to be extensively strictured and the bladder and urethra very much diseased and that I find perineal section absolutely required. When this is done the bladder should be washed out with some antiseptic solution and a drainage tube inserted, in order that absolute drainage of the bladder may take place, the after treatment to consist of passing, in the course of 24 to 30 hours a large size sound through the urethra into the bladder, which operation should be repeated in 48 hours from the first, and continued at intervals of 2 to 4 days, gradually lengthening the time for the passage of the sound until the wound has healed. Great care should be exercised in the passage of the sound during the healing process, which generally takes from 4 to 6 weeks; during the latter part of such period the patient need not be confined to his bed, and when finally discharged should either be taught to use a full size conical sound upon himself and instructed to pass it at least once a week for some time, or kept under observation and have it passed by the surgeon, or else in many cases retraction will surely take place.

Infiltration of Urine.—Notwithstanding all that has been said of the innocuous character of urine injected into the tissues, and its ready and rapid absorption without deleterious effect upon the system, I am convinced from experience, that whenever a comparatively sudden swelling occurs outside of the triangular ligament, when it can be detected by the finger, manifesting itself in a somewhat hard circumscribed swelling of the perineum, attended with burning and a sense of distention upon attempting to pass water, whether it be small and painful, or not, it should be cut down upon and a free opening made in the perineum in order that the urine, which is incapsulated as it were, may find free exit, and thereby save many patients from the danger of having a rapid and general infiltration; the incision will also facilitate the passage of a sound through the strictured urethra by relieving the pressure which the swelling of the tissues exerts upon the incision, should not be carried into the urethra, but simply through the indurated tissue surrounding the cavity, or into the little pocket of urine, after which the stricture is to be gradually dilated to the full extent of the urethra, during which time the little fistulæ, opening into the urethra, behind the stricture will heal as dilitation goes on. If there should be sudden infiltration as sometimes occurs, perineal section should be done at once, and a drainage tube passed through the perineal cut into the urethra in order to prevent further damage by infiltrated urine to the tissues. As the class of patients in which we find these conditions existing have generally suffered for a long time, their health is usually very much impaired. We should therefore not overlook or underestimate the value of constitutional treatment.

SANITARY PROGRESS, WITH ILLUSTRATIONS.*

BY CHARLES H. SHEPHERD, M. D., OF NEW YORK.

Members of the Medical and Surgical Association of Baltimore:

Gentlemen:—I have been invited to lecture before your honorable body on the subject of sanitary progress. This snbject embraces several branches. The branches I shall take up this evening for your consideration are those relating to house and sewer drainage, and shall also touch upon the germs said by many high in authority to originate from the decomposition of animal and vegetable matter. I wish to say, in the beginning, that you must not expect to find me a very brilliant orator, and as this is my first attempt to place before an assemblage the knowledge I have gained from years of study, observation and experience of sanitation, I shall feel very much pleased if I can, in my crude way, interest you this evening. I do dot believe that an illustrated lecture on this subject has ever been given before, and I shall do my utmost to interest you. The question of sanitation as connected with the domestic and public sewerage has for a long time been considered of vital importance. The issue has been the prompt and cleanly removal of the sewerage from the homes of the people, and, at the same time, to prevent return into the house of the disease-breeding gases, which are always generated in sewers and cesspools. While chemists have spent their time analyzing the gases, identifying microbes, bacteria, and establishing the facts of the deadly nature of sewer emanations, practical mechanics have studied upon the problem of how to construct sewer pipes so as to furnish the desired facilities for the removal of sewerage without the usual accompanying peril of inviting entrance to a greater nuisance. To this end, traps, almost without number, have been

*Read at the 727th meeting of the Medical and Surgcial Society of Baltimore, May 28th, 1891.

invented and their merits heralded, until a householder, wishing to secure the comfort and health of his family, is puzzled beyond measure to decide which of the many devices offered shall be accepted. The usual result is that whatever he accepts, its theoretical perfection fails to realize in its application to his particular premises. It was an early idea in sewer sanitation that an unpleasant smell was a sure indication of the presence of unhealthful gases. But the chemists have disposed of that idea by establishing the fact that sewer emanations most perilous to health are inodorous and that smell is not a safe test of security or danger. But let me here remark that according to good authority on zymotic diseases, take for instance diphtheria and typhoid, originate from the germs produced by the decomposition of animal matter. And as the decomposition of animal matter produces sulphuretted hydrogen, there is a strong and offensive odor from such decomposition. For authority I have only to refer to Prof. Huxley and Dr. Youmans, and also to Victor C. Vaughn, of Ann Harbor, Michigan, who has devoted years of study on the subject of the creation of germs and their action on the human system. I saw a letter written by Dr. Vaughn to Dr. Houston, of Troy, N. Y., in which Dr. Vaughn freely admitted that he was of that belief. Dr. Houston read a paper before the Medical Board of Albany, N. Y., in which he showed that he (Dr. Houston), had ten cases of typhoid fever communicated by sewer gas. And yet, in the face of all this positive proof of the origination of germs from the decomposition of animal and vegetable matter, and that it will cause zymotic diseases; you will find those that will dispute the fact, and to strengthen their side of the question, refer to cases of diphtheria and malaria that have originated out on the plains and on the mountain top.

Now let me tell you something about this side of the question. Some time ago, while journeying from New York City to Clayton, N. Y., I had a conversation with a physician who had just returned from the State of Kansas, and had lived and practiced in the States of Kansae and Colorado, on the mountains and on the plains. I questioned him regarding the existence of zymotic diseases in those localities in the West and their origination in that section. He said that those who were of the opinion that zymotic diseases were not produced out in that section of the country were very much mistaken, and were not acquinted with the manner of living of the dwellers on the plains and mountains. "For," said he, "in the winter time people who live in huts or rudely constructed dwellings, or what are termed dug-outs, are very careless regarding their sewerage, and owing to the cold, freezing weather and deep snows, some of them are unable to get out of doors to attend to nature's call, and the vessels used for such accommodation are often left standing for a week to ten days within their dwellings."

Now, mark you what men write upon theory. They do not go to the parts they write about and find out for themselves. They only take account of the effect and not of the cause. I believe it the duty of physicians to be fully versed in sanitation, especially that part which alludes to house drainage, so as to be able to determine whether the sewer poisons are feeding the diseases with which they are called upon to cope.

I once read an article wherein the author stated that one reason he gave for not believing in stagnant water producing germs that would, in themselves, produce diseases, was because birds, goats, cows and hogs drank of it. But I did not find that he had investigated whether the birds lived, or the goats lived afterwards, or the cows gave milk afterwards that did not affect those who drank of it. These men write theoretically, but not practically, and as you have these men in your ranks in life, so do the sanitary people have them in their world as well. I should like to have one of these doubting Thomases under my charge for a short time;

I think I would give him an experience that would enlighten and benefit his mind on this question he has theoretically written upon.

But to return to sewer emanations most perilous to health, some odorless and others not odorless, according to the chemical analysis, only seems to complicate the problem or to establish the principle that no system of sewerage is safe or admissable that does not absolutely shut off from ingress to the house every particle of the pestilential peril. The usual attempt to do this is by affixing a trap to each outlet from basins, sinks, tubs and closets through the house, and another at the main outlet; if either did its work thoroughly the other would be useless, and that both are advocated only proves that neither has the confidence of those well versed in sanitary plumbing; but both are advocated by some *claiming* to be experts in the sanitary world. (I emphasize *claiming*.) Now, I wish to say a few words regarding these gentlemen. I have found some of them during my pilgrimage in the sanitary world who had never witnessed the effect of the pressure on a house-drain from either sewer or pit, or who had ever seen the interior of a drain pipe after it had been in use for two or three years, or even a *trap* that had been in use for a like period. They should have remembered the proverb, "Go to the ant, thou sluggard; consider her ways and be wise." Had they asked a good practical plumber he would have told them more in five minutes of the practical part of house draining than they could have learned in a year by theory. When these so-called experts on house drainage have any fault to find, they generally do so with the plumber. Ah! the plumber! He is one who has to possess broad shoulders, for he has a great deal to bear. I know of no calling whose followers have to have such broad shoulders, figuratively speaking, except the physician, as the plumber. The plumber is blamed for things to such a degree it would almost lead one to suppose that he possessed a supernatural power. I wish to be understood to be speaking now of the practical plumber, of those men who thoroughly understand their business, and not of those who are truly termed "jack-plumbers."

I wish to state here that that part of a house upon which no expense should be spared to make it perfect, namely, the plumbing part, is often economized upon to such a degree that it is, in a measure, defective plumbing. If one wants his plumbing work done, and in a workmanlike manner, let him employ a practical plumber and pay him his price, and he will have no reason to regret it; but if, on the other hand, he employs an inferior plumber, simply because he is a cheap workman, he is the dearest man he could have employed.

I have known practical plumbers to refuse to do work at a price that in their estimation would not pay them to finish it in a manner that would reflect credit on themselves as good mechanics. I have also known practical plumbers to refuse to compete with plumbers in a contract because they knew that the parties they were called upon to compete with were not men who were conscientious in performing their work. I have read a work on house drainage in which the author was constantly blaming the plumber for bad work, until at last he found a house in which he could not find any fault with the plumbing. He, the author, distinctly stated that all joints in this house-drain plumbing work were properly caulked, and the other connections properly made, and the house properly trapped and yet the occupants of the house were suffering from the effects of sewer gas, and three of them had to leave the house and go in the country to recover their health. It is a wonder the author did not find fault with the plumber who plumbed that house. And to show the inconsistency of such a man after having it practically demonstrated to him the fact that a house plumbed according to this

theory was defective, and that it was not secure from the entrance of sewer gas' this deadly poison, he advocates the same plan to facilitate the trade of a large firm dealing in drain pipes; so much for one who made it a rule to lay all the blame possible on the plumber. You see this man was chained to his theory, which he had proven to him was practically wrong. It reminded me of a story I heard some years ago about an old lady who sold bark pills. One day a medical student asked her if the pills were diuretic or cathartic; she replied that that depended upon which way the bark was scraped; if it was scraped down, it was high-pop-alorum, and if it was scraped up, it was low-pop-a-highrum. I hold that the physicians and surgeons are the plumbers of the human body, while the mechanical plumber is the plumber of the dwelling of the human body, and men of these two callings have the dirtiest work to do on the face of the earth. Let some people get sick, they will wait until the last moment before they send for the physician; they'll use all nostrums advanced by quacks and when the physician takes the case in hand he finds the disease advanced so far that it taxes his utmost skill to arrest it, and in the majority of such cases if the patient gets well they say nature cured them; if they die, their friends say, the Doctor killed them, and in a great many cases the physician doesn't get pay for his services, whether the patients live or die, and referring to the dwelling place of such cases—a comparison, they wait until the house pipes are rotten, and when they can no longer stop the leaks with rags, putty or beeswax, they are necessarily compelled to send for the plumber to rectify the trouble caused by their stinginess or false economy, and it often occurs that he, like the physician, has quite a struggle to get paid for his services.

I will now ask you indulgence for a moment or two while we have the hall darkened that I may have thrown upon this canvass some views of sanitary drainage and appliances.

Dr. Shepherd then gave a number of illustrations showing what devices were used as far back as we have any record of, for preventing odors and gases from entering a building attached to a sewer or pit by drain pipes. He further showed that there has been little improvement made upon the old ideas of house drainage, except some theories of ventilation that have proved practically wrong, until, at the end of the lecture he showed the views of an entirely new system, whereby the building was kept isolated from either sewer or pit by an automatic gravity valve, and a device for cleaning the interior of the house drains, from roof to cellar, by means of brushes being drawn through them, removing all matter that might cling to the inner portions of the drains; and further showed how the interior of pipes could be painted. He further explained how it was impossible with this metal seal attached to a building, for the sewer or pit force to interfere with the circulation of fresh air through the drains at all times, and besides showed that with this system attached, and independent of the circulation that this valve acted as a hydraulic pump, as every time it opened it pumped at least one hundred feet of fresh air into the drains.

The Trustees of the University of Pennsylvania have elected—Dr. George A. Peirsol, Professor of Anatomy; Dr. Harrison Allen, Professor of Comparative Anatomy; Dr. John B. Deaver, Assistant Professor of Applied Anatomy; and Dr. Edward Martin, Clinical Professor of Genito-Urinary Surgery.

Society Reports.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

APRIL MEETING.

The President, Dr. Henry M. Wilson, in the chair.

Dr. Wm. P. Chunn related a case of

ASCITES,

which he treated by tapping and permanent drainage with apparently good results.

Dr. B. B. Browne operated more than a year ago upon a woman with ascites, who also had an abdominal tumor which proved to be papillomotous. There had been no return of either the dropsy or the papillomotous growth. He referred to the many cases of laparotomy and washing out the abdominal cavity.

Dr. Geo. W. Mittenberger could not see why any malignant tumor should not be able by irritation of the serous membrane to cause ascites. We ofen see ascites without any definable cause and when a growth did exist it seemed a very good reason for the presence of the fluid. He referred to the case of a colored woman, operated upon by Dr. Neale.

Dr. L. E. Neale said, that in the case of the colored woman referred to, there was no assignable cause for the ascites except the presence of a sub-serous uterine fetur myomata. At the operation he removed the uterine appendages. The growth remained but there was no return of the ascites. There was also a complete procedentia, but after the operation he was enabled to keep the uterus in place with a soft rubber ring.

The tumor gradually diminished and ultimately disappeared.

Is the exposure and irritation of the serous membrane during the operation a sufficient explanation of such an alteration in its function when the apparent cause of the ascitic extension remains?

He thought the question eminently important and practical in its bearings and that it required further elucidation.

Dr. Wilmer Brinton remarked that in a case of cirrhosis of the liver in a male patient, tapping for the ascites had been followed by a permanent opening which persisted until the patient's death, one month afterward.

Dr. J. Whitridge Williams, in referring to Dr. Moseby's remarks, said that the ascites accompanying papillamotous growths was considered to be due, in great part to direct exudation from the vessels of the growth. He also referred to tubercular peritonitis.

Dr. B. B. Browne, exhibited a small tumor about the size of a large hickory nut and apparently a fibroid which he had removed from a point a little to one side of the median line and between the clitoris and urethra. It pressed on the urethra, interfering with micturition. The growth was easily shelled out and the patient did perfectly well. It was the first growth of the kind he had seen in that locality.

Dr. Neale related a case of imperforate rectum in a white male child, naturally born at full term of healthy parents. The child was puny, weighing only 5¾ lbs. at birth and 1 inch within the anus the rectum was imperforate. Dr. T. Hanny operated upon the child when it was two and a half days old, very feeble and partly cyanosed. No anesthetic was used, anus was cut through, the perineal

structures laid open, the coccyx removed, the rectum opened through its posterior wall just above the imperforate part and its mucous membrane stitched to the skin just behind the original aperature. The stitches sloughed out and the large wound healed slowly by granulation. A copious discharge of flatus and meconium occurred during the operation and the tympanitic abdomen disappeared. Profound shock and collapse followed the operation, the child lying motionless, the feet and lower limbs cyanosed, the face and head less so—jaw dropped, mouth opened, eyes closed, lids blue, surface temperature but little if at all lowered. No cry. The features were frequently pinched or wrinkled from pain, becoming more or less blue at irregular intervals. In this condition the child would make no effort at suction but would swallow two teaspoonsful at a time of milk and brandy when poured into its mouth, rarely refusing to swallow, and never vomiting the food and stimulus which were given freely and frequently. For nearly two days and a half did it remain in this state, partially rousing during the administration of food or other disturbance, and again relapsing. Even after this period when the first decided improvement occurred, the child would frequently relapse and remain in this condition for hours at a time. The first two weeks of its life was passed in this manner. The digestive and urinary apparatus functioned normally.

From the tenth to the fourteenth day these attacks gradually diminished and ultimately disappeared. The child is now nearly two months old, but very feeble, and weighs only 5¼ pounds. It has been reared chiefly on condensed milk. The dense cicatrix just about the seat of the old imperforation has to be dilated daily with the finger. Another operation will be necessary. No diagnosis of abnormality in vascular system could be made.

Dr. Brinton mentioned a case of a child which lived nine or ten days with an open ductus anteriosus.

Dr. Miltenberger said that in Dr. Neale's case the sphincter and anus were perfect. On introducing his finger to the end of the cul-des-ac, he felt what appeared to him the end of the gut. He thought that no ordinary trouble could account for the symptoms in the case. The cyanosis would not clear up entirely and then recur. He did not consider the condition one of collapse. There was no feebleness of pulse or coldness of surface. The child would lie in an apparently comatose condition, with no evidence of sensation, and then recover. The first attack followed immediately after the operation and evidedtly from shock; but after two or three days it could not be attributed to this cause. There was no chill or febrile condition. After the child had commenced taking food, he used quinine by inunction and also small doses of dialyzed iron, and, as he believes, with benefit from the latter.

He was inclined to account for the condition in this way: A very feeble child had food forced upon it for eight or ten hours, and when it had taken in all it could it apparently fell into a condition similar to that of hibernating animals, and when the supply of food was exhausted it would recover and take more nourishment. This condition entirely disappeared after the first two weeks.

712 N. Howard Street. W. S. GARDNER, Sec'y.

At the last meeting of the Council of Queen's College, Birmingham, Dr. C. W. Suckling was elected joint Professor of Medicine in the room of Sir James Sawyer, whose retirement was recently announced. Dr. Suckling was educated at Queen's College, and has been for some time Physician to Queen's Hospital and the City Infirmary.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor. JOSEPH E. GICHNER, M. D., Associate Editor.

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BALTIMORE, JUNE 20, 1891.

Editorial.

SOME THOUGHTS ON THE MANAGEMENT OF OBSTINATE DROPSIES.

A short paper upon this subject by Dr. James Tyson in the *Trans. Pennsylvania Medical Society*, 1889-90 seems at first to contain but little of importance concerning the matter, yet the personal experience of an eminent practitioner in dealing with difficult and obstinate forms of disease is always worthy of respectful attention.

The variety of dropsy with which the article deals is that in which severe or incurable renal disease is present, with or without cardiac trouble, the dropsy being general and sufficiently pronounced to threaten fatal enfeeblement of the patient.

With the use of digitalis, of saline diuretics, of cathartics and of sudorifics, the profession is supposed to be familiar. But, when these alone or in combination have failed to carry off the fluids, or to prevent its steady accumulation in the already water-logged tissues, and in the great vital cavities of the pleura, pericardium, peritoneum and cerebro-spinal canal. Must the patient, who with a little relief from the dropsy might live many years, be left to a slow and certain death? This is the problem upon which Dr. Tyson atttempts to throw a hopeful light.

It is evident, however, from the notes which he gives of typical cases, that the physician must be ever ready in the management of such cases to advance, to retreat, or to double upon his tracks, as occasion may demand.

The best results were gained from the institution of strict milk diet. A measured quantity of skimmed milk was given at regular intervals (say two ounces every two hours from 7 A. M. to 9 P. M.), a little whiskey being added in emergency. After a short time it would be observed that the amount of urine passed would begin to increase, and that in a few days the quantity of urine would be

perhaps double the amount of liquid drunk. As a necessary consequence, the fluids in the tissues and cavities would begin to be absorbed, to the great comfort of the patient. In some instances, where diuretics, etc., were tried in vain before the milk diet was instituted, they were found to act favorably in association with the milk diet.

In two cases the administration of spartein (sulphate?), in doses of from gr. $\frac{1}{4}$ to gr. $\frac{1}{2}$, t. i. d., was followed by great increase in the flow of urine and decided benefit to the patients. In another case, in which spartein did no good, caffein was given in doses of grs. iii t. i. d. but instead of increasing the flow of urine, it very unexpectedly started a free discharge from the bowels, which was of great benefit to the patient. This cathartic action of caffein, which is a great aid to its action on the kidneys, has scarcely been mentioned by therapeutists, but has frequently been observed by Dr. Tyson.

Tapping of the peritoneal or pleural cavities had to be resorted to in several instances; but the benefits of the milk diet were not confounded with those of the operations.

In some cases the above treatment prolonged the life of the patient, in others apparent cure was effected.

Dr. Tyson thinks the benefit which in every case followed the institution of measured milk diet was due, not to any property of the milk, but to the small amount of solid and liquid food taken. It has the advantage over bloodletting in that it promotes in like manner the absorption of fluids into the circulation, and at the same time affords nourishment to the body. Both blood-letting and milk diet favor the physiological effects of the necessary drugs. No physician would care in these extreme cases to risk the dangers of venesection.

Hay's method of free administration of cathartics and the ingestion of food without liquids is efficient, but presents the food in a less manageable shape, in which it is not so easily assimilated.

Butter-milk may be used instead of skimmed milk, if desired; or peptonized milk, which is even more easily digested.

The sense of hunger experienced during the limited diet of milk is apparently an indication that the organism is ready to take up the fluids effused.

This treatment is indicated, not in acute and sub-acute nephritis, where liquids can be easily drained off through the kidneys, but in those cases of (chronic), nephritis in which there is a complete saturation of all the tissues, including the kidney itself, with transuded serum, and where there is no movement in the lymph spaces and lymph vessels. Here the kidneys are unable, in their crippled condition, to remove liquids quickly enough. If, under these circumstances, free use of diluent drinks be made, the kidneys will be still less able to perform their task; but if, by limited milk diet, the amount of fluid ingested be reduced as far as health will allow, the kidneys will be able to remove, little by little, the excess of fluid which has escaped into the tissues and cavities. Until the excretion exceeds the ingestion this cannot take place.

Reviews, Books and Pamphlets.

Sexual Neurasthenia (Nervous Exhaustion). Its Hygiene, Causes, Symptoms and Treatment, with a chapter on Diet for the Nervous. By Geo. M. Beard, A. M., M. D., etc., etc. (Posthumous Manuscript.) Edited by A. D. Rockwell, A. M., M. D., etc. 3rd Edition. E. B. Treat, 5 Cooper Union, New York. Price $2.75.

Dr. Beard's work and his views are too well known to require special comment at this time. The fact that a third edition of this work is called for shows that his enthusiasm on the subject of neurasthenia made a considerable impression on the profession. The untimely death of such a worker in any branch of medicine is much to be regretted. We believe that Dr. Beard, like other specialists, carried things too far, but this is a fault common to nearly, if not quite, all enthusiasts, and should be dealt with charitably. The book is gotten up attractively and will well repay perusal.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Surgery, Gynæcology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology and Otology, by Professors and Lecturers in the leading Medical Colleges of the United States, Great Britain and Canada. Edited by John M. Keating, M. D., Philadelphia, J. P. Crozer Griffith, M. D., Philadelphia, J. Mitchell Bruce, M. D., M. R. C. P., London, and David W. Finlay, M. D., F. R. C. S., London. Published by the J. B. Lippincott Co., Philadelphia.

This important quarterly begins with the April number and gives promise of being one of the most important medical publications of the time. In fact, it supplies what, in spite of the phenomenal fruitfulness of the medical press, is really a "long-felt want" of the medical profession. The first number contains thirty-six clinical lectures, such as are delivered to the classes in the better grade of medical schools and presents in a practical way a quantity and variety of material which can not fail to interest the average practitioner, whatever his peculiar tastes may be. It would be invidious to mention particular productions, but it is no more than just to say that while a general high grade is maintained for all, there are many lectures of special interest. We believe this quarterly contains just what that much-mentioned individual, the busy practitioner, wants. If he will provide himself with it and study its contents he will keep himself abreast of the advances in medicine all along the line. The quarterly is presented in book form, well printed and bound. If the promise of the first number is fulfilled, as we have no doubt it will be, we predict for the *Clinics* a long and useful career.

Correspondence.

BERLIN LETTER.

Berlin, May 28th, 1891.

The summer semestra has opened here very favorably for the student of medicine, who from now on to the 1st of August, can have every moment of his time well occupied in attending the clinics and polyclinics. For the American, the question of how to divide his time to the best possible advantage is one that each must solve for himself. The distances here between the various clinics are great,

for, unlike Paris, Vienna and elsewhere they are not centred in one particular locality ; and as the hours in many are the same or nearly so one necessarily loses much time and opportunity. To a German this question of time is seemingly no great object. Whether his course of university study extends over five seven or nine years makes little difference to him, consequently he takes only one or two courses at a session, leaving a generous allowance of time for amusement and beer drinking. The American with his limited time and unlimited desire for information is a constant surprise to the slow-going methodical German.

At the Royal Hospital, Prof. Bergman's clinic is one of the most popular here and always crowded. It affords the student of surgery every advantage for seeing an abundance of material for operation, illustrating the subject under consideration. For example, at one clinic Bergman, when lecturing on hydrocele and the radical operation for the same shewed 3 cases and operated on as many more. This is also the case in the other clinics, Mendels on nervous diseases, Gehrharts and Leydens on inner medicine, Lassar on skin diseases, and so on. The material is abundant. In studying any disease, case after case affected with it in all its various forms is brought before the student for his personal examination and instruction.

The specialty of eye diseases is the only one in which these superior opportunities are not to be enjoyed, and for students in this branch, Berlin is not so favorable a place for study as Paris or London. The courses given by the professors or their assistants are few and not particularly attractive. One can see operations almost daily at Profs. Schweiggers and Schoelers, but Prof. Hirschberg, with his method of thorough antiseptic eye surgery does not generally accord this privilege. Schweigger's polyclinic is the largest and furnishes ample material for the clinic which is held in the morning. For cataract he operates in the ward, thus insuring as little movement as possible to the patient subsequent to the operation. Though a believer in antiseptics he does not carry the practice to the same excess as do many others, and I do not know that the results he obtains are any the worse for it. His operations are done skillfully, rapidly and very prettily. I have had the pleasure of seeing him operate very often for cataract, and taking this as an example will endeavor to give his method of procedure. The patient's eye and lids are carefully cleansed with a bichlor. of mercury solution, then a 2 per cent. solution of cocaine is instilled into the eye from time to time while it is covered by a bandage, until ready for operation. The patient is then placed on a low couch. The instruments used are a Beer's cataract knife, differing from the ordinary one, in that from point to heel it is a curve instead of a straight line, a cystotome, forceps, spud and several curved spoons. These have been previously kept in bichlor. or carbolic acid solution and dipped in boiling water just before using. Instead of the usual speculum he prefers the simple Desmarrs lid retractors which are removed after the corneal section is made. The section itself, always made downward and wholly in the cornea, does not touch the scleral margin. The flap made is nearly half its surface. After this holding the lids apart with thumb and forefinger he tears the capsuls with a bent cystotome, and with one rapid movement with the spud, presses out the lense. Any cortical substance that remains is scooped out with the spoons, until the anterior chamber is quite clear. By manipulation through the upper lid the displaced iris is made to resume its normal position; no eserine drops are deemed necessary to promote this. The dressing consists of wads of cotton soaked in bichlor. solution, put over each eye, oil silk cover and a roller bandage enveloping the head. The patient is not allowed to move, but is carried in the recumbent position from the

couch to his bed, where he must remain perfectly quiet for several days. After 24 hours a fresh dressing is applied which remains on about 10 days, when it is removed altogether. His rule is to leave the eye alone during convalescence as much as possible, examination or other interference being injurious. In the hospital cases their diet is unrestricted, but in private practice he advocates easily digested foods. Prolapses of the iris occur very seldom, it is said, and good results are the rule by this method. The freedom allowed cataract patients with us is considered fatal to even fair results in Germany. In the polyclinic, the usual treatment for common affections of the conjunctiva is zinc gr. iv, to the ℥i which is used in large quantities. The yellow oxide of mercury is also a favorite in use. Although refraction work forms a large part of that done in all the clinics the correction of astigmatism to which we give so much attention in America and consider so important a factor in eye disturbances, is overlooked here altogether in the smaller degrees, and only in the larger is the use of glasses deemed advisable at all. A deviation of 0.25 D or 0.5 D. is never regarded. An instrument in common use for detection of astigmatism Keratoscope, consists of a large metal disc with a central perforation. On the surface is painted white and black rings. If the eye examined be astigmatic these circles reflected from the cornea of the examined eye appear to the observer distorted, flattened in different direction as the patient looks up, down, right or left. The Javal instrument being a French invention, is consequently not seen in Germany and not used here.

Prof. Hirschberg is a steadfast believer in antisepsis and asepsis, but contrary to the accepted idea this antisepsis applies only to the materials and instruments used in the operation and not to the part operated upon. To take cataract operation again as a type, it might be of interest to you to know how an absolutely antiseptic mode of procedure is accomplished. In the first place his operating room is one especially built for the purpose, one entire side being of glass, allowing free admission of light. The walls and ceiling vitreous painted, and the floor of easily cleaned tile.

The numerous small tables on which instruments are placed, as well as the operating table, are iron frames, topped with glass, the latter on easily moving rollers. Everything used during the operation has been sterilized by steam of a little over 100° R.; cotton, bandages, towels, cloths, etc., are all rendered perfectly free from germ life. The instruments used are first thoroughly cleansed, placed in a carbolic acid solution. After ten minutes in this they are boiled in water for about five minutes, and for this purpose he has a convenient instrument rack made to fit in the boiler. In addition to this treatment, they are left in absolute alcohol until ready for use. The drops he uses for the eye are kept in tiny bottles containing enough for one application only. These bottles have been passed through the sterilizer. In these bottles is poured every morning freshly prepared solutions of the required solution exposed for a long time in boiled water. The top of the bottle and glass stopper is sealed in a parchment cap and this is put back in the sterilizer until needed. Every dish, glass or other utensil has been cleaned and scrubbed with bichlor. solution. Besides the two assistants, nurses and patient, only one other person is usually allowed in the room. He must also put on the regulation white gown and scrub his hands with a brush, soaking them afterwards in a bichlor. solution. This is required of all persons present except the patient, on whom no antisepsis is practiced: not even is the conjunctival sac cleansed, as is usually done.

After the speculum is applied the corneal section is made with a Græffe knife just at the juncture of clear cornea and white sclera. The speculum is then re-

moved. Separating the lids with thumb and forefinger, the lens capsule is ruptured by a cystotome, and by steady pressure the lens is delivered. The lids are immediately closed for a few minutes to allow the iris to resume its position. Any cortical substance that might remain in the anterior chamber is expelled by gentle manipulation over the lower lid. Eserine is instilled for several moments, until the pupil is fully contracted. The dressing, consisting of wads of sterilized cotton, is placed over each eye and held in place by roller bandages, the whole encased in a wet bandage of gauze. Here the patient is also carried to his bed and all motion for some time is restricted. After two days the dressing is renewed, then nothing is done for two weeks, when it is taken off permanently.

Prof. Hirshberg says that for many years past not once has he been called at night, though living in the hospital, to see patients who have been operated upon for cataract under these precautions. The instruments after an operation are washed and cleansed with a brush, then immersed in absolute alcohol, dried thoroughly and returned to their shelves until future use, before which they must again go through the mode of preparation described. Animal ligatures are never used because they cannot be rendered antiseptic, silk being the substitute, which goes through the same process of cleansing as the instruments. The much used iodoform is here discarded for the same reason.

In the Polyclinic these ideas of antisepsis are carried out as far as possible. In the common eye affections each patient brings his own bottle of eye-drops and brush for applying it; also a glass for water with which the eye is washed after the application. As the number of patients attending is not great each one is given a thorough and minute examination; even the smallest details are carefully recorded and these records are preserved for future reference, together with any preceding notes bearing upon the case.

The cure for tuberculosis which has created such a furore in Berlin and the whole world, is dying a natural death. One hears very little of its wonderful curative powers now, but, on the contrary, much is said against it. I paid a visit to the Sanitarium, but there was little if anything to see, except a well-kept building, surrounded by a pretty garden. Having accommodations for 30 patients, there were only 6 under treatment at the time I was there, which shows a decided falling off in the number of persons anxious to have the supposed benefits of the cure. The threatening withdrawal or lessening of the appropriation from the Government for its support shows also in which way opinion is tending. The following story, the truth of which I cannot vouch for, but which from general heresay may be easily credited: A gentleman from one of our Western States brought his son here to be treated at the Sanitarium for what was diagnosed at home as primary tuberculosis of the lung. He was admitted and at once placed under the treatment without an examination being made, those in charge assuring the father that his son would be speedily cured and could return home well. The expenses during his six weeks of treatment were very great and after this time, as the boy showed no signs of improvement, the father insisted on an examination, which should have been made in the first instance. One lung was then found quite riddled with cavities and the other affected, and the father was then told the case was a hopeless one. This, however, was the information that might have been given before treatment was instituted and so saved the useless expenditure of money and the inspiring of vain hopes.

The American Association of Physicians of Berlin held its semi-monthly meeting last Thursday evening (21st inst.), at the Dental Hall, 40 Dorotheen Street. The meeting was well attended and the members listened with interest to two

papers, the first by Dr. C. Kurtz, on "Osteo Malacia," and the other on "The Last Yellow-Fever Epidemic in Jacksonville," by Dr. N. Mitchell, President of Florida Board of Health. The election of officers for the ensuing year was to have taken place, but owing to the length of the papers read this had to be postponed to the next meeting. Communications should be addressed to Dr. F. R. Weber, Secretary, 33 Karl-Strasse, Berlin.

F. M. Chisolm, M. D.

Medical Progress.

QUININE IN WHOOPING-COUGH.

Professor Emil Ungar, of Bonn, advocates the free use of quinine in whooping-cough (*Deutsche medicinische Wochenshrift*, No. 18, 1891), having used it with much success during several epidemics in the last six years. He attributes the great differences of opinion as to its value which have prevailed amongst previous observers to the difference in the dose employed. Large doses are necessary, and, suiting the exact quantity to the age of the patient, he advises the use of from 16 to 22 grains per diem, in divided doses. Even to children below three months of age he would administer ¾ of a grain at each dose. These large quantities are only given for a few days, and as improvement begins the dose is diminished, and is given twice or only once a day instead of three times. This diminution should be effected slowly. Dr. Ungar believes that childeen will bear relatively larger doses than adults, and has had no experience of the deafness or disturbed digestion which the drug is said to have produced in the hands of other observers. In his cases the vomiting, after the paroxysm, was rapidly stopped, and appetite and digestive power seemed to be improved. The recorded cases of aural disturbance are for the most part in adult persons, and not in children. No untoward results of the treatment occurred in his practice, the only symptom presumably attributable to the quinine being the occurrence of very rapid cardiac action in one case. The main difficulty in the way of the administration of quinine to very young children is its bitter taste. Perseverence in many cases was rewarded by the children actually becoming fond of it, although almost all rebelled at first. The struggle induced during the swallowing of the medicine is apt to produce a fit of coughing, followed by retching and vomiting. In order to avoid this occurrence it is advisable to give the quinine directly after a paroxysm has taken place. To older children the quinine may be given in capsules. Administration *per rectum* is not satisfactory. By subcutaneous injection good results may be obtained, a neutral hydrochlorate being used, which is fairly soluble in water. The curative effects of quinine, however administered, are not apparent immediately, except in a few instances. As a rule, from three to six days elapse before the severity of the attacks begins to be diminished and the vomiting to cease. The disease then appears to run a milder course, and at the end of a fortnight the attacks are slight and infrequent. The tendency to complications, broncho-pneumonia, etc., is lessened, and improvement may be looked for in the large majority, though not in all cases.—*Brit. Med. Jour.*

TUBERCULOSIS OF THE SUPRARENAL CAPSULES.

MM. Alezais and Arnaud (*Revue de Médecine*, April, 1891), discuss this subject in relation to Addison's disease, under the following headings: (1) Pathological anatomy. These organs in Addison's disease are generally increased, rarely dimin-

ished, in size, of a greyish white color, most often indurated, but sometimes soft and even fluctuating in parts; they have been known to have been converted into a bag of pus. They are adherent to adjacent organs. On section there is no distinction between cortex and medulla. They may be wholly converted into a translucid mateial, or caseating foci may be present. The lesion is tuberculous; the bacillus of tubercle has been repeatly demonstrated in it. It is made up more of a general infitration than of single grey granulations. Fibro-caseous or calcareous change takes place; rarely ulceration. It may begin in the cortex or medulla, less often in the fibro-vascular zone surrounding the capsule. This zone may be involved secondarily. Changes may be also be found in the sympathetic or a development of solitary glands in the small, more rarely the large, intestine (Pott's disease; phthisis) or alteration (even ecchymoses) in the mucous membrance of the stomach. Tubercle has been found in the suprarenal bodies in cases of phthsis without and with symptoms of Addison's disease. The authors then record seven cases of tuberculous disease of the suprarenal bodies, three being without symptoms of Addison's disease. No tubercle was found in the fibro-vascular zone or outer fibrous envelope in the three last cases. (2) Pathological physiology. All diseases of the suprarenal capsules do not cause Addison's disease. Again, a lesion in these capsules—nearly always tuberculous in nature—is almost constantly found in cases of Addison's disease. There are two theories to explain Addison's disease: the one which may be called capsular insufficiency, the other attributing the disease to a nervous origin. The later is the more reasonable. It has at any rate been shown that the sympathetic ganglia and plexus may be involved in the same morbid process as has already destroyed the capsule. But such changes are not constant enough to base a theory on. The authors have found ganglia in the pericapsular tissue, and most abundantly on the posterior aspect of the gland. These glands are themselves surrounded by a capsule. MM. Alezais and Arnaud believe that the real cause of Addison's disease lies in these ganglia. The tuberculous infiltration leads to their destruction. The authors then specially refer to three of the seven cases. In one, tuberculous infiltration was well marked round about the pericapsular ganglia, they themselves, however, remaining intact, there were no symptoms of Addison's disease. In a second the pericapsular as well as the left semilunar ganglia and brauches of the solar plexus were involved. In a third the pericapsular ganglia alone were effected, the rest of the sympathetic being intact. In both these cases there were symptoms of Addison's disease. As is well known, peripheral nerves resist invasion by suppuration, inflammation, or tumour of parts about. Hence the almost invariable absence of symptoms of Addison's disease in other than tuberculous lesions of the suprarenal capsules. These views best explain (1) the association, in one way or another, of Addison's disease with a lesion in the suprarenal bodies, providing that lesion has extended into the periphery of the organ; (2) the absence of Addison,s disease when there is a lesion in the capsule;(3) the almost constant tuberculous nature of the lesion.—*Brit. Med. Jour.*

ABSINTHE POISONING.

Magnan (*Revue d'Hygiéne*, 1890, P. 909) has been investigatiug the cause of the symptoms of absinthe poisoning by watching the effects produced by it upon dogs. He does not agree with those authors who attribute these effects to the many essences, such as those of coriander, anise, origanum, hyssop, etc, which are contained in absinthe essence itself. The quantity of essence of hyssop in absinthe liquor is very small, and in dogs at least it is a much less powerful poison than

absinthe. Then also, if the above essences are given to a dog, without the addit on of any essence of absinthe, a large dose is required to produce the stage of exaltation and a very large quantity to produce that of depression, but if ordinary absinthe liqueur is given which contains absinthe essence in addition to the other essences, the exaltation and the depression stages are produced by a small dose. The characteristic symptoms of absinthe poisoning are sudden and severe giddiness, epileptiform seizures, delirium, with hallucinations, and loss of consciousness. For some time after the attacks there is loss of memory; of these symptoms the most important are the giddiness and epileptiform attacks. The hallucinations, which are like those of alcoholic delirium, affect all the special senses. Those who take absinthe in excess are liable to hysterical manifestations.

ISCHIATIC HERNIA.

M. Alex. Wassilieff (*Revue de Chirurgie,* March, 1891) describes a case of this rare form of rupture. The patient, a man aged 54, was seized with pain in the left buttock when straining during defæcation. Symptoms of acute strangulation set in. After careful exploration ischiatic hernia was diagnosed. The rupture was very tender. Taxis was undertaken, after preparation for an operation, and the mass went back. Relief was almost immediate. In the night, after a free escape of flatus, the symptoms recurred during an attempt to defæcate. Taxis again effected reduction, and a stout pad was fixed, by means of a bandage, over the region of the great sciatic notch. M. Wassilieff divides ischiatic hernia into a supra-pyramidalis variety, where the intestine escapes between the border of the great sciatic notch and the upper margin of the pyramidalis. This is the commonest form, and if an operation be attempted the stricture should be divided towards the notch. The subpyramidalis variety includes a form where the gut escapes between the lower border of the pyramidalis and the lesser sacro-sciatic ligament (surpaspinous), and a form where it passes out between the lesser and the greater ligament (subspinous), but it is doubtful whether subspinous ischiatic hernia has ever occured. Diagnosis is always difficult. The seat of the tumour and the pain, which appears to be severe owing to the hardness of surrounding structures, as well as the general symptoms of hernia, are the chief guides to diagnosis. The hernia may contain omentum, large intestine, small intestine, bladder, or ovary. In operation, the skin incision must be parallel to the line of ligature of the gluteal artery.—*Brit. Med. Jour.*

SIR JOSEPH LISTER IN EDINBURGH.

On Friday, May 22, an interesting ceremony took place in Edinburgh. Sir Joseph Lister had been awarded the Cameron Prize by the University. This prize is given for any important advance in therapeutics, and is not confined to *alumni* of the University. As the holder of this prize, Sir Joseph Lister delivered a short lecture in the Synod Hall to a large audience of students and members of the General Council, while the platform was occupied by the Principal, Sir William Muir, and the members of the University Court, professors, and most of the teaching staff in the School of Medicine, and others, most of whom were in academic costume. Sir Joseph Lister met with a most enthusiastic reception. He named his theme "A Lesson in Antiseptic Surgery," and his remarks were based upon a case which occurred in his hospital practice recently. He had come to the conclusion that cases would heal without suppuration without the application of antiseptics, if it could be guaranteed that no deleterious matter should be introduced by the hands or instruments or dressings. Proceeding on this view, he obtained the results he anticipated in a case of ligature of the external femoral; thereafter he treated a case of excision of the mamma in similar fashion, but in a few days erysipelas supervened.

This was the first case of erysipelas which had originated in his hands for about twelve years, and the question arose, how it had arisen? It was discovered on investigation that the nurse who had handled the sponges at the operation had been the nurse who had been set apart to attend to a case of erysipelas which had been admitted into the general ward for lack of accommodation elsewhere. A streptococcus, which doubtless was the streptococcus erysipelatosus, had been cultivated by Dr. Crookshank from this case, and he had also experimented, at the request of the lecturer, on the influence of mercurial antiseptic solutions on this organism, and it was found that the organism was killed by a much weaker solution than they had previously been using to irrigate wounds with after operation. The organism was really killed; it was not that its growth was simply inhibited, this being proved by making the mercurial salt inert by adding sulphide of ammonium, and after this the organism not developing. From this he contended that if he had washed the raw surfaces, as was his wont of late, the organism would have been killed. If it were possible to ensure at every point that no deleterious matters were introduced to a wound, antiseptics might be dispensed with as direct applications to the surface; but as this was practically impossible, he considered it essential to irrigate the surface after operation.—*Lancet.*

A TOOTH PLATE LONG IMPACTED IN THE ŒSOPHAGUS.

At the present time, when the mortality after very severe operations is so small it seems strange that a patient should suffer for so long a time from the dysphagia dependent on the psesence of a tooth plate in the œsophagus, and almost incredible that a surgeon should seriously attempt to remove such a body, impacted for so long a time as five years and nine months, by means of instruments introduced through the mouth. But Mr. Furner records a case in the *Lancet* for May 2d, in which a silver-gilt tooth-plate with three gold hooks and three teeth was known to have been swallowed on a certain date more than five years before the patient came under his observation. During this time tne dysphagia had varied, but had always been present, and there had been occasional dyspnœa. Only liquid food, occasionally thickened with minced meat or bread crumbs, could be taken. Mr. Furner says that when he first saw the woman a probang passed down the œsophagus met with obstruction ten inches and a half from the teeth; a coin-catcher got hold, but traction only seemed to tilt the plate into surrounding tissues. A long œsophageal forceps gripped the body firmly, but slipped off, and no fresh hold could be otained. The patient declined further treatment at that time, but returned three months later for the operation of œsophagotomy. The plate was removed through an incision in the posterior wall of the œsophagus. It was found lying in large part in a sac to the right of the œsophagus, and even when it was within the reach of the surgeon's fingers, a strong forceps and the exertion of considerable force were required to remove it. The patient made a good recovery.

In the light furnished by the disclosure of the actual condition at the time of operation, there is little doubt that Mr. Furner rejoices over his failure to dislodge that foreign body in his first attempt. It is dificult to conceive of a much more hazardous operation than the dislodgment of a foreign body of such shape from the tissues of the œsophagus, where it had lain imbedded for so long a time and its removal by being dragged upward into a pharynx. From the long period of its retention the inference was justifiable, and indeed unavoidable, that it had become imbedded to a greater or lesser degree, and that its dislodgment would cause lacerations in the œsophageal walls which would be very liable to be increased by the traction incident to its being drawn upward, even though the walls of the œsophagus above that point escaped injury. Such lacerations would be danger-

ous to the highest degree on account of hæmorrhage and of the escape of food through them into the surrounding tissues, and the danger would not be lessened by the fact that the presence of such lacerations could not be ascertained, or the lacerations repaired without recourse to the operation which it was hoped could be avoided.—*New. York. Med. Jour.*

Medical Items.

Dr. Jas. W. White, of Hance Bros. & White, of Philadelphia, died on the morning of Wednesday, May 27.

The Mississisppi Valley Medical Association will hold its Seventeenth Annual Session at St. Louis, October 14, 15, and 16, 1891. All members of the medical profession are invited to attend.

The Lehigh Valley Medical Association will hold its Eleventh Aunual Meeting at Mauch Chunk, June 25, 1891. Dr. Howard A. Kelly, of Johns Hopkins Hospital, will deliver the annual address, on "Injuries to the Vaginal Outlet."

Dr. J. H. Branham has been elected Lecturer on Obstetrics in the College of Physicians and Surgeons, to succeed Professor George H. Rohé, who has been transferred to the chair of Materia Medica, Therapeutics and Hygiene in the same institution.

Dr. W. F. Smith has been elected Demonstrator of Anatomy, to succeed Dr. J. H. Branham.

Mrs. Richard Gundry has taken the place known as Harlem Lodge, near Catonsville, and will open a private institution for the care of insane patients. She will be assisted in the medical management by her son, Dr. Richard Gundry, who was recently first assistant at the Ohio State Hospital for the Insane, at Athens, Ohio. Mrs. Gundry's long experience as matron at Spring Grove Asylum eminently qualifies her for the duties which the management of such an institution will require.

The New Hampshire Medical Society will celebrate the centennial anniversary of its organization at Concord, June 15, 16, 17, 1891. In addition to the regular business, and reading of papers, there will be an excursisn to Alton Bay and an anniversary dinner. A cordial invitation is extended to the medical professon.

Dr. Samuel O. L. potter, M. R. C. P., of the Cooper Medical College of San Francisco, has lately had conferred upon him the degree of Member of the Royal College of Physicians of London. Professor Osler, of Baltimore, and Dr. Robinson, of San Francisco, are said to be the only other Americans holding the degree.

Influenza figures largely in the death returns of London for the week ending Saturday, May 23rd. There were 319 deaths attributed to it in that week, which is more than double the highest number recorded in any one week during the epidemic last year. The mortality among children showed a marked decline, while the mortality among the elderly showed a considerable increase, nearly half the fatal cases registered being of persons upwards of 60 years of age.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 26, 1891, TO JUNE 8, 1891.

Captain Edward C. Carter, Assistant Surgeon, will proceed without delay to Fort Canby, Washington and report to the commanding officer for temporary duty, relieving Major John D. Hall, Surgeon, who will proceed to fort Sherman, for duty as Post-Surgeon.

By direction of the Secretary of War, Captain Jefferson R. Kean, Assistant Surgeon is assigned to temporary duty at Fort Myer, Va., until the return of Major Robert H. White, Surgeon, to duty at that post.

Leave of absence for twenty days is granted Major William E. Waters, Surgeon, U S. Army.

By direction of the Secretary of War, leave of absence for three months on surgeon's certificate of disability is granted Captain Marlborough C. Wyeth, Assistant Surgeon.

Leave of absence for one month, with permission to apply for an extension of one month, is granted Captain Paul R. Brown, Assistant Surgeon, U. S. Army.

Leave of absence on surgeon's certificate of disability granted Major Saml. M. Horton, Surgeon, is extended three months.

Captain Van R. Hoff, Assistant Surgeon, is relieved from duty as a member of the Board of Medical Officers to which he was assigned and will, upon completion of the duties assigned him on May 14, return to his proper station, Fort Riley, Kansas.

Orders of May 22, transferring Major John D. Hall, Surgeon, from Fort Canby, Washington, to Fort Sherman, Idaho, is confirmed.

The extension of leave of absence granted Captain Henry P. Birmingham, Assistant Surgeon, on account of sickness, is further extended to June 26.

Leave of absence for three months, to take effect on or about June 15, is granted Major David L. Huntington, Surgeon.

Leave of absence for one month is granted Captain Jefferson R. Kean, Assistant Surgeon, to take effect after the return of Major Robert H. White, Surgeon, to duty at Fort Myer, Virginia.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE NAVY DEPARTMENT, FOR ONE WEEK ENDING JUNE 6, 1891.

Surgeon C. U. Gravatt detached from Naval Hospital, Yokohoma, Japan, and ordered home.

Surgeon Franklin Rogers detached from special duty, Norfolk, Va., and to Yokohama Hospital.

OFFICIAL LIST OF THE CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE FOUR WEEKS ENDING JUNE 6, 1891.

John Vansant, Surgeon, granted leave of absence for seven days.

Fairfax Irwin, Surgeon, granted leave of absence for twenty-one days.

G. M. Guiteras, Assistant Surgeon, relieved from special duty at New York, N. Y.; ordered to San Francisco, Cal.

J. F. Groenevelt, Assistant Surgeon, relieved from duty at New York Marine Hospital; ordered to Gulf Quarantine.

G. B. Young, Assistant Surgeon, granted leave of absence for thirty days.

T. B. Perry and R. M. Woodward commissioned as Passed Assistant Surgeons by the President.

C. S. D. Fessenden, Surgeon, granted leave of absence for tnirty days.

Fairfax Irwin, Surgeon, leave of absence extended seven days.

F. W. Mead, Surgeon, when relieved at Chicago, Ill., to proceed to Washington, D. C., and report to the Supervising Surgeon-General for duty.

G. M. Magruder, Passed Assistant Surgeon, granted leave of absence for five days.

G. B. Young, Assistant Surgeon, leave of absence extended fifteen days on account of sickness.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 9. BALTIMORE, JUNE 27, 1891. NO. 535

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Original Articles.

MALADIES ASSOCIATED WITH AND DEPENDENT UPON AFFECTIONS OF THE TEETH.

BY RICHARD GRADY, M. D., D. D. S., OF BALTIMORE.

There is a field of surgery and pathology, a sort of debatable ground between that occupied by the physician and the dentist, which is open to further research and which will amply repay the labor of investigation. If with any propriety dentistry is classed as a branch of the healing art—whether practiced as a distinct profession or as a specialty of medicine matters not; the difference is that of name merely—its intelligent pursuit has a basis in common with medicine. A competency to treat intelligently any part of the animal economy presupposes a knowledge of the anatomical structure of the part, the relations to surrounding parts, the nervous, arterial and venous connections, the recognition of pathological conditions, and the philosophy of therapeutics. If pathology means perverted nutrition, and if dental lesions are expressions of such perversions, the consideration of their cause and treatment, whether local or constitutional, expresses the medical aspect of the practice.

The physician, the surgeon, the dentist, have necessarily many practical duties in common; a healthy interchange of thought, therefore, would result in profit and instruction alike to all, besides acting as a stimulus for greater and more painstaking scientific inquiry. It is acknowledged on all hands that it is utterly

impossible for any one man to master all the details of medical and surgical practice. Few minds can even approach that universality of genius which characterized Hippocrates and John Hunter; hence specialism is the inevitable outcome of the extension of medical art and science. The labors of the rhinologist and the surgeon-dentist often bring them on to a common ground—the region of the antrum of Highmore. The two senses of hearing and seeing being by far the most frequently injured by the reflex neurosis starting from the teeth, the aurist and ophthalmologist must unite with the dental surgeon and he with them, in the advancement of their respective sciences; sciences that have much in common. The recognition of overlapping fields and interlocking realms of study by the neurologist and the dentist will result in the relief of immeasurable suffering, because it is known that the teeth and their pathological states sustain intimate relations with all portions of the body.

The simple lesson emphasized in this paper is one that is hardly recognized at its true value by the general practitioner or the dentist; it is, (1), that a pain in a tooth by no means indicates that the tooth is the source of the trouble; it may be in another tooth, or in other tissues, near or remote; (2), dental disorders may induce pathological conditions in other parts of the body or in the nervous structures themselves without the existence of any subjective intimations of pain in the teeth on the part of the patient. In other words, one may have toothache in the brain, the ear, the stomach; or one may have headache, gastralgia, etc., in the teeth; just as "eye-headaches" are usually referred to the brow, or to other portions of the head.

Eminent surgeons have been scarcely aware how serious are some of the maladies directly dependent upon tooth-disease and how largely the pathology of the teeth is associated with morbid changes in contiguous structures. The fairness of this statement is illustrated by examples of imperfect knowledge in cases which required not the scalpel and the saw, the bone-nippers and the gouge, but ordinary dental instruments. A tooth has, by an error in diagnosis, been mistaken for exostosis of the jaw-bone, resulting in the excision of the angle of the lower jaw, which entirely destroyed mastication. Considerable portions of the jaw-bone, even as much as "half the inferior maxilla," have been removed for dentigerous cysts, operations having been undertaken from an incorrect diagnosis, which a knowledge of the real nature of the disease and an early interference might have rendered quite unnecessary. An impacted tooth, producing a tumor in the right upper jaw and cheek, has been mistaken for cancer; and, in the belief that it was malignant, an operation was begun for its extirpation. The external orifice of an outward-pointing alveolar abscess, dependent on a carious tooth, has been attributed to diseased bone in those conditions in which the opening occurs on the surface of the face, and an easily cured malady has been allowed to run its course unrestrained, and permanently disfigure the face. The symptoms produced in the painful eruption of wisdom teeth have been suspected for scrofulous caries of the jaw, for syphilis and for cancer; and Velpeau, who with other French surgeons has been particularly alive to the importance of these cases, remarked in a lecture that the subject has been "too much neglected by medical men."

Venereal systemic disturbances, resulting from diseased dental organs, might be considered as impossible were it not for the instances with which every dental practitioner is familiar, in which debility, sleeplessness, nervous derangements, mental depression, etc., after resisting constitutional medication, have yielded promptly to such treatment as was found necessary to restore a healthy condition of the mouth. Indeed, so frequently have fretful, nervous, irritable, despondent

conditions been found to depend upon dental troubles, it would appear to be a plain duty to have the mouth and teeth carefully examined by a competent practitioner in the event of failure to discover other causes for such manifestations. So many and so varied are the disturbances radiated or reflected to other organs, or dependent upon constitutional irritation from dental affections, their enumeration in detail would be tedious to the reader and their admission to this paper would have swelled it to an inconvenient size; briefly, however, it may be said that the inharmonies thus set up may range from a mere sense of discomfort up to and include the gravest and most formidable derangements, involving even life itself.

Amaurosis has been caused by crowding of teeth; has been consequent upon acute abscess of the antrum, produced by a carious tooth; has been caused by a carious molar and a splinter of tooth-pick embedded in the alveolus. *Facial neuralgia* has come from dentine-excrescence in the pulp cavity of a tooth; *cranial neuralgia*, from an impacted canine tooth; intense and *general neuralgia* from exostosis on the roots of teeth; *neuralgia of the arm*, from carious teeth and from undue pressure of artificial teeth; *neuralgia of the neck and arm* from a carious molar; *neuralgia of the face, neck and arm*, with *partial paralysis of arm* from a carious wisdom tooth; intense *neuralgia of the eye-ball and face* and *alteration of the color of the iris*, from carious teeth. *Deafness*, in which the loss of hearing was evidently reflex paralysis, has been caused by a carious tooth, and hearing returned within an hour after the extraction of the tooth, to the patient who had been deaf for four days. An impacted lower tooth (bicuspid), has caused repeated *abscesses under the tongue*, with *thickening of the lower jaw*. Interesting *examples of perverted nutrition*, dependent on dental nervous irritation, are recorded, in which the *tongue* has been *furred on one, and only one, side*, and that side corresponding with carious or painful teeth; in which the *hair of the left temple had turned gray*, the change occurring coincident with and apparently dependent upon, severe neuralgic pain of that side of the head, the painful affection having been caused by a carious molar tooth, *the hair of the right temple remaining black;* and in which *ulceration of the auditory canal*, depending upon a diseased molar tooth in the lower jaw on the same side, healed after the tooth had been extracted. *Superficial sloughing* of the cheek has been caused by a carious "tooth-stump," on whose removal the slough separated, the sore healed and it never recurred. Tomes gives a graphic account of a terrible *example of fatal lock-jaw*, "induced by pivoting with a gold peg an artificial tooth upon a tooth-fang with a newly exposed raw pulp;" and a similar case is related where *trismus, followed by tetanus and death*, came from the mechanical irritation of the pulp. A very interesting case of *epilepsy* from a carious tooth, conclusive as to its cause, is published; also one of *wry-neck*, in which the head of the patient was drawn down nearly to the left shoulder, accompanied with considerable pain. Similar cases could be enumerated almost indefinitely. (The cause of so-called *reflex* troubles and the circles of *sympathies* between the mouth and other portions of the animal system can only be thoroughly understood through a familiarity with the origin, distribution and relation of the nerves, which the writer assumes is possessed by those who will read this paper.)

But the sympathetic or reflex disturbances of harmony caused by dental irritation are not more interesting or instructive than are the *converse* manifestations of pain or discomfort experienced in the teeth, but originating elsewhere. Nor will it be irrelevant to the general subject of this paper, but very worthy of observation, to note that many of the instances of painful affections of the fifth

nerve are well marked examples of reflected sensation, the primary irritation being in the stomach or intestinal canal. The pain over the eyes so commonly associated with derangement of digestion, and which may frequently at once be relieved by correcting the acidity of the stomach, is a familiar instance. The condition popularly known as "biliousness" among numerous other manifestations, not seldom reveals itself by a peculiar discomfort produced in the teeth, which, variously described, may be summed up in the phrase "exalted sensibility." An attack of dyspepsia is by many more quickly recognized through disagreeable sensations in the teeth than by any special stomach disturbance. In seasickness and in sick headache the nausea is sometimes preceded by intense neuralgia in the teeth and jaws, promptly disappearing if vomiting be induced. In some persons hunger will excite markedly disagreable sensations in the teeth. A case is published of a gentleman, who, while convalescing from typhoid fever, was seriously annoyed by painful sensations in two of his molars whenever he became hungry. These uncomfortable sensations would rouse him from sleep, and could not be allayed except by the introduction of food into the stomach, when instant relief followed. In another curious case of nervous debility the approach of a thunder-storm or a marked atmospheric variation always produced a most tantalizing sensation of discomfort in the teeth, causing them to feel as though they were denuded of enamel. The singular affection, "brow-ague" (*hemicrania*), which, by yielding to quinia, reveals its malarial origin, is frequently alternated or associated with periodical pain in perfectly sound teeth; sometimes it depends on the irritation of a nerve in a decayed tooth.

It has been noted that a neuralgia originating in a diseased tooth may express itself in the face, eyes, ears, or more remote parts; so by the same methods of radiation or reflection; *reversed*, a neuralgia having a general or constitutional cause, as malaria, or a local cause in the stomach, or elsewhere, may manifest itself in one or more teeth. There is a form of toothache not inappropriately termed "hysteric toothache," which seems to depend upon emotional rather than physical excitants, and is more amenable to mental impressions than to local or general medication. Rheumatism sometimes produces agonizing pain in the jaws, and either by direct influence, by the sympathy of contiguity, or by radiation, may so powerfully affect an individual tooth that the patient can hardly be persuaded that instant and complete relief would not follow its extraction. It is apparent, therefore, that many severe, remote, sympathetic and reflex derangements may be associated with and dependent upon affections of the teeth. It is a sad mistake for the patient, or the physician, or even the dentist, to consider the teeth as mere mechanical organs, requiring only mechanical treatment, and to ignore, therefore, their nervous relations to the entire system.

There is certainly through the period of dentition an increased susceptibility to nervous and digestive troubles. Causes which at other times have no appreciable effect may then be fraught with danger. An exposure to cold, an attack of indigestion, anything which introduces inharmony into the functions of animal life, may result in a disturbance of the processes of dentition. Difficult dentition may, therefore, be charged with causing or aggravating various disorders; as these, on the other hand, may be reasonably suspected of interfering with the natural eruption of the teeth. It is certainly unsafe to ignore the complications possibly due to dentition, if any derangement of the health of the child occur during the period when the teeth are erupting. As a rule, the amount of irritation holds a relation to the number of teeth advancing simultaneously; but, owing to the various susceptibility of individuals, a single tooth may cause more disturbance

in one case than a half-dozen will in another. Manifestations of increased constitutional disturbances are likely to appear in persistent and copious diarrhœa, nausea, high fever, and, not infrequently, convulsions.

There is reason to believe that earache is often associated with, and dependent upon, the difficult eruption of one or more teeth, and that, apart from the aggravation of the fever and the increased liability to convulsions incident to this added anguish, there is also the possibility of the loss of hearing (entailing in young children the loss of speech), from the congestion and inflammation which results. But this is not the only, indeed not the chief, danger; the inflammation is liable to extend to the membranes of the brain and end in death.

The facility with which an irritation, originating in the mouth, may be continued to the ear and thence to the brain, can only be understood by a recognition of the intimate relations which exist, especially in the infant, between the parts concerned and of the elaborate nervous connections; but the danger is a real one and should never be lost sight of in the treatment of a child suffering from teething.

Sometimes the irritation of dentition may produce the most serious constitutional derangements without the *local* manifestations, indicated usually by increased redness, swelling and hardness of the gum; and later, by the peculiar whiteness caused by the pressure of the coming tooth. That such may be the case is apparent when the conditions of the parts are understood. The troubles of dentition are caused to some extent by the direct pressure of the advancing teeth, and the consequent irritation of the nerves of the gums; but this is not the only, nor is it believed the principal, factor of disturbance.

It must be borne in mind that at the time of eruption the roots of the teeth are not yet complete; that, instead of the conical termination and minute opening which characterize the root of the perfected tooth, the aperture is quite large and its edges thin and sharp. In estimating, therefore, the mischief which may result because of a lack of accordance between the eruption of a tooth and the absorption of the tissues which impede it, we may imagine the sensitive nerve, which, when exposed to decay, is so intolerant of contact even with the atmospheric air, held between the long socket and the sharp edge of the incomplete root by the backward pressure of the resisting gums, and thus giving rise to a true toothache, comparable only to that exquisite torture which is experienced in after life from an exposed and irritated pulp.

It is not difficult to comprehend that a free division of the gum over the tooth or teeth thus situated may, by removal of the pressure, give immediate and complete relief. The objections against lancing find answer in the immediate, manifest and complete relief to the infant which so often follows the operation that the relation of cause and effect is apparent to any observer; also, in the testimony of every adult who has experienced the comfort resulting from the employment of the lancet in the case of the eruption of wisdom teeth with difficulty. Only an ignorance of the anatomy of the mouth, entirely inexcusable in any physician or dentist, could lead to the infliction of permanent injury.

After an exhaustive examination of medical and dental literature, from hundreds of cases that might have been cited or referred to, there are included in this paper only those of more than ordinary interest and usefulness. In this connection it is worthy of note that ophthalmologists hardly entertain the proposition that pathological conditions of the teeth may by the intervention of the nervous system result in ocular disorders. The matter is not even alluded to by some authors, while others do not more than refer to it. Only a small number of clin-

ical cases is to be found in ophthalmological literature. The subject has been almost ignored by medical men; a praiseworthy exception being Dr. George Reuling, professor of ophthalmology and otology in the Baltimore Medical College, who, pointing to the fact above stated, solicited from the dental profession of Baltimore illustrative cases that had come under their notice.

Passing, after mentioning simply the pathological conditions connected with the teeth which most frequently give rise to pain-caries, exposed pulp, congested and inflamed pulp, dead and putrescent pulp, nodular dentine in the pulp, inflammation of peridental membrane, fracture of the crown—to replex odontalgia, it may be remarked that the term, "sympathy," used by dental writers to express the sensation of pain in one tooth near or remote from the seat of disease is wholly without significance. That an irritation of the nervous connection of one tooth may set up an odontalgia that the patient locates in another tooth, whilst the inciting tooth may be painful or not, is a fact long recognizsd. Friedberg[1] alludes to a case where a patient suffering for 12 days begged to have the second and third molars of the right side extracted. Both were sound, but the inner incisor was carious, though indolent to percussion; this was extracted and the odontalgia at once ceased. Dr. Brunton[2] cites the case of a family-servant who had been suffering from a very severe temporal headache, and at the same time a severe toothache. He did nothing for the headache, but applied a pledget of cotton soaked in carbolic acid to the suffering tooth. Finally, word came to him that the girl had changed the pledget of cotton from the decayed molar that seemed to her the aching one to another hollow but painless tooth, when both the headache and the toothache vanished as if by magic.

That there have not come to hand more quotable cases illustrating neurosis of ocular and nasal origin may be because physicians have not been sufficiently and accurately observant. A case is related in which a lady suffered extremely with toothache for several days after undergoing a slight operation in the nasal chambers. Dr. Galezowski[3] cites a case where *iritis*, with external inflammation of the eye, had existed for 15 days, coexisting with great dental neuralgia on the side of the affected eye. J. Hutchinson[4] publishes the following case: "A young man, the subject of acute ulcers of the cornea from injury, with hypopyon, chemosis, and much pain, complained that his eye made his teeth and ear ache: had never heard it mentioned so definitely before. Here we have an instance in which a pain certainly begining peripherally induced pain in two other distinct and somewhat distant peripheral parts."

Of the peripheral sources of reflex odontalgia, by far the most generally admitted and best illustrated are those proceeding from the disorders of the viscera of the abdominal cavity. Gynecologists have often noticed that toothache is frequently associated with uterine affections, and the general practitioner, as well as the dentist, has more frequently found it to be bound up with disorders of the alimentary canal. Dr. Pierce[5] has communicated a case in his practice where a man, who had never been troubled with neuralgia, suffered for a week with severe pains in his face, though more particularly in his teeth. There was no condition of the teeth that would account for the severe pain. The patient's bowels had not been opened for a week or more. Free purgation gave complete relief. Dr. J. U. White,[8] in an article upon the "Systemic Causes of Odontalgia," alludes to the influences of the alimentary canal and bladder in the production of pain in the teeth. That morbid conditions of the uterus in the pregnant and non-pregnant state very commonly cause odontalgia, both in diseased and sound teeth, is a fact which has long attracted the attention of dentists and obstetricians. Dr. Garretson[6] relates

the case of a woman who complained of odontalgia, which had persisted for nine weeks. A carious tooth was removed without any apparent benefit. In the absence of any lesion in the mouth to account for the pain, a general examination of the system was instituted, when it was discovered that the inner surface of the fundus of the uterus was ulcerated. Its cure was soon followed by a disappearance of the toothache. Dr. Storer[7] relates two cases of neuralgia of the dental and gingival nerves occurring during the pregnant state.

That thrombi, tumors, inflammatory processes, etc., at the base of the brain, within its substance, or about the cortex, may produce odontalgia, is a proposition which finds but little support in the records of clinical cases. Nevertheless, such instances exist. Coleman[8] mentions the case of an insane lady who repeatedly troubled him and other practitioners "to remove her sound teeth on account of the uncomfortable sensations which she referred to them." Dr. Stellwagon[10] also states that he gave great offense to a military officer by refusing to extract some perfectly sound teeth, which were the seat of severe odontalgic pain. The patient shortly after began to exhibit symptoms of softening of the brain. Rosenthal[11] states that he has "seen old men, sixty to seventy years of age, suffering from melancholia complicated with neuralgia of the dental branches; these cases must be attributed to senile changes in the tissues (osseous canals or arteries)."

It is quite certain that hysteria frequently gives rise to or is associated with odontalgia. Dr. Richardson[12] has stated that it is more common than generally supposed, and relates a case in illustration of his view that the toothache of pregnancy is frequently, if not always, connected with hysteria.

It has long been known that the various systemic conditions caused by the poisons of malaria, gout, syphilis, etc., while having no special and remarkable tendency to produce pain which the patient localizes in the teeth, are yet frequently provocative of severe and obstinate forms of odontalgia. There can be no doubt that these kinds of reflexes exist as noteworthy cases illustrate. In malarial districts toothaches of a distinctly periodical character are observed. In the gouty and rheumatic diathesis the pain which usually localizes itself in the joints not infrequently selects one or more teeth for its local expression. In such cases the pain assumes the specific character of these diseases. Dr. Flagg[13] reports a case of odontalgia of malarial origin, in which the patient had been under treatment for pain in her face for 18 months. Dr. Latimer mentions a case of odontalgia of gouty origin, in which a violent toothache was suddenly exchanged for a gouty pain in one of the great toes; and Dr. Harris[15] reports a case in which a victim of gout for fifteen years went to him for odontalgia. An example of odontalgia of specific origin is given by Dr. Pierce[5] of a young lady who had been suffering for several days from severe pain in all the teeth, though they were apparently free from disease. A few days later the trouble entirely disappeared upon the appearance of the eruption of measles.

Having briefly passed in review cases of local and systemic conditions which are reflected *to* the teeth, giving rise to odontalgia, it only remains, in conclusion, to note some cases in which affections of neighboring and distant organs are set up by pathological conditions of the teeth as primary inciting causes. *Why* the irritation from morbid conditions of the teeth should in one case result in wryneck or facial spasm, and in another in blindness, in deafness, in chorea, in dyspepsia, in epilepsia, or in mania, is an inquiry beyond the purposes of this paper. But in this connection there is one thing beyond question: the cases presented leave no room for doubt that morbid conditions of the teeth may be, in other organs far removed, the fruitful source of troubles whose real origin was hardly to be suspected.

No anatomical or scientific order has been attempted in arranging the following illustrative cases; those of external and noticeable functional disorders will be taken first.

Mr. Hancock[16] relates a case of divergent strabismus and ptosis; the left eye was closed; two carious molar teeth in the left side of the upper jaw were extracted; in four days the ptosis was cured and the strabismus so slight as not to require an operation; three weeks later the patient was discharged cured. Dr. Ely[17] reports three cases of paresis of the ocular muscles, which are particularly instructive, as the relation of cause and effect between the dental irritation and the ocular defects seems to have been thoroughly established. Mr. S. J. Hutchinson[18] relates a case of a lady who suffered several months from a spasm of eye-lid; the removal of teeth was attended with satisfactory results. Dr. Keyser[19] reports a case of corneal inflammation and beginning ulceration; on the extraction of the tooth and ordinary treatment the cornea became clear again. To test the failure or loss of accommodation of the eye, Herman Schmidt[20] examined 92 persons suffering from caries of the teeth, periostitis, neuralgia, etc; only 19 had a normal accommodating power, and 73 were decidedly deficient. The relation of toothache and dental irritation to glaucoma simplex has been studied by Mr. Priestly Smith,[21] who found a distinct difference in the tension in the two eyes in 6 cases out of 16.

It is now pretty generally admitted that amaurosis often results from the irritation reflected from diseased teeth, and almost wholly disappears after their extraction. A striking illustration of the close relationship of amaurosis and dental irritation is reported by Dr. De Witt,[22] in which amaurosis of right eye of twelve years' duration was cured by the extraction of the tooth. Many other remarkable cases of amaurosis have been reported by Keyser,[19] Hutchinson,[30] Hunter,[23] Galezowski,[24] Abbott,[25] Alexander,[26] Salter.[27]

That aural troubles are excited through reflex action from irritation of dental nerves is a truth no longer questioned. The fact has become so apparent as to be well recognized by aural surgeons. Thus out of 80 infants under 14 months of age, examined by Dr. Wreden,[28] of St. Petersburg, more than 80 per cent. had some form of ear trouble. Sexton,[29] in reviewing his records of some 1500 cases, says, "perhaps one-third owe their origin or continuance to diseases of the teeth." The same writer has also called attention to the occurence of otalgia and other forms of aural trouble as due to the irritation of carious and diseased teeth, and more particularly of pulpless teeth. For further information upon this subject, so important in all its bearings to both physician and dentist, see Medical Record for 1884 and Dental Cosmos for 1885.

Neurosis, peculiar to the alimentary canal, larynx, heart and even uterus, arising as a sequence to dental irritation, have from time to time been observed by clinicians. That dental irritation should be reflected to these organs might at first glance seem remarkable, but it is not more so than that mental emotions should result in inhibition of gastric juice or that ear lesions should cause laryngeal cough. A few cases of decided interest and suggestiveness have been recorded. Dr. Masterman[16] reported a case of obstinate vomiting from irritation of the alveolar and lingual nerves from the deposition of tartar. Valleix[31] records a case of nausea, vomiting, convulsions and death from painful dentition. Dr. Piasch[32] records the details of a case of laryngeal cough caused by the eruption of teeth. Dr. Pointis[33] records the case of a patient who, after an attack of the toothache, "suddenly lost his voice;" the aphonia was followed by anorexia, cough, wasting and feverishness. Dr. Hullihen[34] reports the case of vicarious menstruation from diseased teeth in a young lady, aged 17.

That the eruption of the teeth and the development of disease of the hip-joint

should in any way be associated as cause and effect may at first sight appear highly improbable. Yet such a relation has been asserted; and Dr. Mulreany[35] calls attention to the fact that, in scrofulous children, hip disease makes its appearance during the eruption of the molar teeth and often passes away after they have pierced the gum. In two cases which he relates he gives it as his opinion that dental irritation was the direct exciting cause.

It seems to have been thoroughly established by the recorded observations of clinicians that dental irritation may give rise to neuralgia. Neucort[36] early emphasized the part played by the teeth and sought to lay down rules for diagnosing a neuralgia of dental origin; and detailed 17 cases of neuralgia of dental origin, illustrating the rules. Friedburg has reported in detail four cases, the first being a case of one-sided facial neuralgia of five years' duration, cured immediately by the extraction of two carious teeth. Many interesting cases of facial neuralgia, incited by dental lesions will be found in Dental Cosmos, 1874.

Reflex paralysis has frequently been observed as the result of diseases of the alimentary canal and urinary organs. Similar reflex paralysis involving the face, arms and legs induced by dental irritation are recorded. Gillman[37] records a case of facial paralysis from a carious tooth; so do Bacon, McQuillen, Nairne. Dr. Whitney[38] relates a case of partial paralysis of the arm, consequent upon caries of the wisdom tooth. Levison records a remarkable case of general paralysis from carious wisdom teeth. Dr. Fliess[39] ascribes infantile paralysis to teething; and Dr. Brown-Sequard[40] says: "Usually, enteritis in teething is produced by a reflex action, and paralysis in the same way.

It has long been known by ophthalmologists that errors of refraction and abnormal ocular conditions are fruitful sources of headache. Diseases of the teeth are certainly next in importance to those of the eyes in producing this troublesome affection. In a general way, almost all writers have recognized the teeth as one of the causes of headache. Dr. Brunton, who is quoted elsewhere, having verified the fact that there may be headache caused by dental disorders without any tooth-ache, has made it his rule; in all cases of headache, first, to examine carefully the teeth. Dr. Baxter records a case of persistent headache the result of exostosis.

That dental inflammations and disorders are often provocative of epileptic attacks appears quite certain from the following cases, and also from the character of the cause and effect. Dr. Tomes[41] relates the case of a lad admitted to the hospital for epilepsy, with whom the usual remedies were tried for six weeks without effect. Decayed teeth, of which he did not complain, were removed. "During the eighteen months that succeeded the removal of the diseased teeth he had not suffered from a single fit, though for many weeks previous to the operation he had two or three per day." Trousseau[42] relates the case of a patient who had been subject to monthly attacks of epilepsy for several years. Many remedies had been tried in vain. From the day that some carious teeth, which ached constantly were extracted, the fits disappeared. Dr. Booth[43] relates a case of eleptoid convulsions of right arm from carious teeth, occurring in an unmarried woman. Similar cases, depending for their cause upon diseased teeth and completely cured after their removal have been reported by Drs. Castle, Waite, Field and Rush.

In hysteria, as in many other diseases, morbid conditions of the teeth not infrequently act as exciting causes of the paroxysms. Dr. Lederer[44] reports a case of a strong, healthy girl who had by his advise an artificial tooth pivoted. Soon afterward the girl was seized with hysterical attacks and convulsions that broke

her health and kept her in bed most of the time. At this time the patient was absent, but the doctor, hearing that she was suffering from hysteria, had his suspicions aroused, and (after many other physicians had been called in and failed to give relief) he ordered the artificial tooth taken out, and as if by magic every symptom of hysteria and paroxysmal attacks disappeared immediately, and only reappeared when later there was another attempt made to wear the tooth again. Dr. Richardson mentions a case of a young girl who came under his care for hysteria of an eleptiform character. Various remedies had been tried without any benefit. Finally, after great pain, she erupted a wisdom tooth, after which she lost all her hysteric symptoms. He never meets with a case of hysteria now, "if the excitant seems to be local, without asking in the most solicitous manner after the wisdom teeth."

In but few of the standard works on nervous diseases is the eruption of the teeth ever associated with the appearance of choreic movements. Eulenberg, "on several occasions found the disease, when due to dental disorders, disappear after the extraction of the carious tooth and again make its appearance" in fresh troubles of teeth.

The occurence of insanity as a result of the pain and irritation caused by the eruption of the teeth was first noticed and commented upon by Esquirol. Dr. Maudsley in commenting upon the relation of morbid bodily states to disordered mental functions says: "I have under observation now a lady who suffered from an intense neuralgia of the left half of the face; after the removal of a tooth suspected to be at the root of the mischief the pain ceased, but an attack of melancholia immediately followed." Mr. D. Corbett relates a case of insanity from overcrowding of the teeth, a girl of thirteen years who would "run about the room biting at chairs, tables and door-handles. In the street she would run off from her attendants and attempt to bite the lamp-posts." The biting propensity completely disappeared on the removal of two teeth. Dr. Tyler relates a case of mania from carious teeth, in which a young lady had several decayed teeth removed, remaining under the influence of ether whith was given at the operation for twenty-four hours; after that she was cured of her mania." Dr. Pepper relates an interesting case of insanity caused by the irritation of carious teeth, on whose removal the patient was cured. The trouble again returned after three weeks, when a portion of the inferior dental nerve (about half an inch) was removed and the patient was permanently cured.

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A CASE OF INTESTINAL OBSTRUCTION RELIEVED BY INFLATION OF THE LARGE INTESTINE WITH AIR.

BY S. J. WINDSOR, A. B., M. D., DAME'S QUARTER, MD.

I was summoned on the eveniug of Nov. 15th, 1890, to see Mr. Samuel G., white, aged 34 years, and found him suffering acutely from abdominal pain in the neighborhood of the umbilicus. He was seized an hour before I was sent for, while on his way home from church, and had vomited twice when I arrived.

A hypodermatic injection of ¼ gr. morph. sulph., with a mustard plaster applied to the abdomen, soon relieved him. After giving a dose of calomel and Dover's powder, 4 grains each, with instruction to be followed by a dose of epsom salts next morning, and seeing that the abdomen was covered by a corn-meal poultice, I left him.

I heard no more of him till next evening at 9 o'clock, when I was again sent for, and found him suffering even greater pain than on the previous night. Three hypodermatic injections of morphia were at once given in rapid succession and hot fomentations frequently applied to abdomen before he was relieved. He had a perpetual desire to go to stool, but bowels had not been opened. There was scantiness of urine. He was out of bed most of the day, but said he was unable to straighten himself—to use his own language, "owing to a 'kink' in his right side." It now occurred to me that it would be proper to make a physical examination, and by palpation I discovered a distinct tumor in the right and lower abdomen.

It was now evident to my mind I had an obstinate case of intestinal obstruction to deal with, and so notified the family. I diagnosed the obstruction ileo-cæcal intussusception. After ordering poultices and hot fomentations to be applied to the abdomen in alternation (which was kept up throughout the rest of the treatment), and leaving morphia powders, to be given should the pain return before my next visit, I again left him for the night.

On the morning of the 18th, I found him very weak and short of breath, with flatulent distension of abdomen and pain at intervals. Bowels had not been opened. Stimulants being given, a large enemata of warm water was administered in knee-chest posture, but no evacuation ensued. One-fourth of a grain of morphia was then given hypodermatically and ordered to be continued by the mouth in ⅓ gr. doses, at intervals sufficient to command the pain.

In the afternoon he was feeling more comfortable than during the morning, notwithstanding the obstruction persisted. The warm water enemata was repeated, with negative result.

On the morning of the 19th, abdominal swelling and tympanites was much increased, paroxysmal pain when not well under the influence of morphia, a slight rise of temperature, bowels not opened, and I noted a slight tinge of jaundice, yet he seemed no weaker than on the previous day. I injected per rectum a solution of soda bicarbonate, and immediately followed by a solution of tartaric acid, 1 drachm each to 8 oz. of water, which brought away a small quantity of fecal matter, probably that below the obstruction. Morphia was continued.

Afternoon: Condition uhchanged. The enemata of soda bicarbonate and tartaric acid solutions was repeated, with no avail.

Morning of the 20th: Abdominal swelling and tympanites greatly increased; hiccough; vomiting returned, now mechanical and decidedly stercoraceous, pulse rapid and weak, expression anxious—in fact, his condition was truly alarming,

and I realized that something had to be done, and that quickly to be of any avail. Stimulants being freely given, the large intestine was inflated with air, when my patient declared he felt the "kink" give way. I believe the intussusception was reduced at this time, as the tumor, which was made out before the procedure, had now almost disappeared. Intense pain ensued. After giving a hypodermatic injection of morphia, I left him, hoping the case would now take on a different and brighter aspect.

On my return in the afternoon, I was delighted to hear that an hour after I left him he had a copious fecal evacuation, followed in a short time by many smaller ones. Abdominal swelling now began to subside, vomiting ceased and never returned, pain became less severe in a little while, nourishment was taken in liquid form, and the man, who but a few hours previously was in an almost hopeless condition, had reason to hope for recovery.

But in a few hours, enteritis (with, perhaps, localized peritonitis), evidenced by fever, abdominal pain and tenderness, frequent stools, composed of mucus and blood, followed. He improved under morphia, calomel in fractional doses occasionally, ice, liquid food and stimulants, until the 25th, when his symptoms were again alarming. Temperature 102½°, pulse 105 and full, severe pain radiating over entire abdomen, abdominal tenderness so great he could not bear the weight of a light poultice, tympanitis, urine again scanty and high-colored and tongue dry. Bowels had not been opened in 24 hours.

One-third of a grain of morphia, with $\frac{1}{10}$ gr. of calomel, was given at short intervals, 15 grs. of quinine were given at once, and 1 drop tinct. aconite every half hour till four doses were taken, then every hour. He began to improve in a few hours, and in 48 hours all signs of peritonitis had disappeared. Improvement now went on uninterruptedly under morphia and occasional small doses of calomel, and on the 10th of December I dismissed the case, my patient suffering no further inconvenience than being weak.

I doubt not the intussusception was aggravated by the purgatives taken in the beginning of his attack. Had I then made a physical examination, I might have acquainted myself at once with his true condition, and so have avoided this error and perhaps much of my patient's suffering. When first called I supposed it was only a case of cramp colic, but I shall never again omit to make a physical examination in such cases.

This case was extremely interesting to me, and it is with the hope that it may interest some of your readers that I communicate it.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD THURSDAY, MAY 28, 1891.

The 727th regular meeting of the Society was called to order by the president Dr. David Streett.

Minutes of previous meeting read and approved.

The following gentlemen were elected to membership: Dr. S. L. Perkins, Dr. J. G. Wiltshire; Dr. E. R. Walker and Dr. Geo. Thomas.

Dr. Chas. H. Shepherd, of N. Y., read a paper entitled

SANITARY PROGRESS. (See page 159.)

Dr. Randolph Winslow read a paper entitled

THE TREATMENT OF ANEURISMS.

Dr. Jno. W. Chambers said as to the digital pressure, his experience had taught him that it was a most disagreeable, painful and unreliable measure, and he thought it unworthy to be mentioned as a means of treatment in aneurism, especially as we have so reliable a method in litigation. As to Hunter's method, he thought it would be used less in the future and that the time was coming when surgeons would use the flat ligature in all cases of litigation of arteries. As to the treatment by Iodide of potash and rest, he treated a case of aneurism in a colored man, that was thought to be a fatal case and effected what is practically a cure in 13 months. As the patient has been attending to his work now for three years since the treatment. He knew another case of a woman who had been given iodide of potash with marked benefit.

Dr. T. C. Gilchrist, said it is important that the diagnosis in aneurism be made early. He knew of a case that was treated for intercostal neuralgia for some time, but subsequent developments in the case and closer inspection of the patient, revealed aneurism.

Dr. Randolph Winslow said if he had an aneurism he would have it ligated, as that, to his mind, was the best treatment, but there are some persons who would not accept ligation and who would accept digital pressure, so that in such cases digital pressure would be a means of treatment that would deserve consideration.

There being no further business, the Society, on motion adjourned.

J. Wm. Funck, M. D., Rec. and Rep't Sect'y.

1710 W. Fayette St.

THE PLAINT OF THE INFLUENZA MICROBE.

To the Editors of *The Lancet*.—Sirs, In justice to my reputation, and for the due edification of "General Practitioner," who wrote a quite uncalled-for letter to a lay contemporary this week concerning my conduct, I, who after all am only a poor microbe, beg to assure him and other Galen's 'prentices that gelsemium or any other "emium" does not distress me. I smile at salicylates and roar at sulphonal. As for aconite, I positively enjoy it, and quinine does not in the least make me feel queer. Eucalyptus is wholesome, but a fig, say I, for the Pharmacopœia. You that are possessed go to bed and stay there if you want to get rid of me. Have a fire, too. I pity poor humans without one this weather. Call in your favorite general practitioner and let him look learned, for faith is a great thing. He cannot touch me but he can bring down your temperature. Take nourishment, anorexia notwithstanding; and be not above alcohol, but put it down. What I really object to is, that low spirits, suicidal feelings, and other such sickening sequelæ are unblushingly ascribed to me. Rather look for them down in the depressant depths of the apothecary's mortar. It is not pleasing, and is a source of sorrow to have pneumonia sputa ejected in my face too. What have I to do with pneumococcus or tubercle bacilli either? I am beyond bacteriological laboratories, and Koch or any one alse cannot catch me. Alas for the cultured! Whatever else is said, I do good to those who hate me; but they treat and malign me so much, I mean to fertilize elsewhere, and shall soon be going away. A legacy will be left behind which will not be due entirely to my benevolence.

I am, Sirs, yours, not to be caught by chaff or gelsemium either,

An Overburdened Influenza Microbe.

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BALTIMORE, JUNE 27, 1891.

Editorial.

RECENT MOVEMENTS IN THE DIRECTION OF HIGHER MEDICAL EDUCATION.

Decided progress is being made in the direction of bringing medical education in this country up to a standard which will add much to its respectability, and we take great pleasure in publishing in this issue two circulars bearing on this subject. One is the announcement of the conditional donation of Prof. Pepper to the University of Pennsylvania of $50,000 as a part of an endowment fund to assist the university to establish and maintain a four years' course, and referring to the munificent endowment of the Laboratory of Hygiene in the same university. The other is the circular of the Illinois State Board of Health, making a most sensible and commendable plea for the establishment of preparatory courses in the various colleges looking toward the study of medicine. We welcome these two circulars to our pages as a positive and practical indication of the interest which is being shown in high quarters in one of the most crying needs of the day, so far as our profession is concerned, and sincerely hope that the stimulus furnished by them will be efficient in spreading the enthusiasm in widening circles until the present system, which has for so long a time disgraced the intelligence of our medical teachers, shall become a tradition. We had occasion a short time ago to point out the facts in the survey of the medical institutions of this country, in the late report of the Illinois State Board of Health, which encourage us to hope for a realization of our hopes in this direction. It cannot be doubted that the colleges are reforming themselves. They see that in order to maintain respectability they must adopt more thorough methods and adapt themselves to the needs of the times. They do this with the conviction that their very existence depends on it and there could be no more convincing argument that the profession and the public are determined for good and for all not to put up

longer with the inefficient methods and inadequate preparation of the olden time. The general public has, however, but little idea of the difficulty under which the average medical college reforms itself. It does not like, the great University of Pennsylvania, receive donations of hundreds of thousands of dollars nor generous appropriations from the State. It has to live on what it makes and when new buildings, new equipments, etc., are needed the shallow pockets of the professors have to be invaded for the wherewithal. The fact that we have among us institutions whose teachers are willing to face this personal loss in behalf of improved methods is a source of great satisfaction. Improved methods and requirements are, however, not all that the situation demands. The circle of States which have no laws restricting practice to those who have had the necessary preparation for it is narrowing more and more and we bid fair to be the centre of it. We are now surrounded by those States which have a more or less strict law, while we still have none, and unless the profession bestirs itself we shall let another session of the Legislature pass and leave us no better off. It will not be many months now before that body meets, and, so far as we are informed, no action looking toward the demand for a proper law has been taken. We would call the attention of the profession to this fact and suggest that some movement in this direction be set on foot without delay. The commendable work of boards of health and universities can do much and should be encouraged in all possible ways, but the profession at large can not profit by it so long as the diploma of any disreputable mill is as good before the law as that of the best equipped college in the country.

HOSPITALS AND RED TAPE.

There are numerous complaints published in the New York daily papers about the neglect of the hospitals to care for the sick when some fancied question of red tape management stands in the way. In one instance there was a refusal to admit a very sick woman because she had been in the country less than a year. A young ambulance surgeon who was sent to look after the case refused to have anything to do with it on this ground and reported the facts to the superintendent. As soon as it became known why he had refused to remove the sick woman he was sent immediately back for her and she was made as comfortable as possible.

A NEW WAY TO REFORM CRIMINALS.

The French courts are just beginning to try the merits of a new law regarding criminals. It was framed with the idea of reforming instead of punishing those who were not habitual criminals, A court has now the right to suspend sentence for five years in cases where the convicted are new to crime. If at the end of this time no other offence is shown to have been committed the original sentence becomes void. The workings of this law will be watched with interest by all humanitarians.

Reviews, Books and Pamphlets.

Historical Sketch of the University of Maryland—School of Medicine, (1807–1890.) With an introductory chapter, notices of the schools of law, arts and sciences and theology, and the department of dentistry and a general catalogue of the the Medical Alumni. By EUGENE FAUNTLEROY CORDELL, M. D., (class of 1868.) Press of Isaac Friedenwald, Baltimore, Md., 1891.

This book, which the author modestly calls a "sketch," is in fact, a complete history of the venerable institution of which it treats, and is the result of the most thorough and pains-taking research, and while the scholarly author has left no stone unturned in his search for facts bearing on the subject proper he has found time to add many interesting memoirs of persons concerned. The fact that out of 1326 physicians in the State of Maryland, 664 are graduates of this time-honored institution, will give some idea of the influence it has had in our medical education, and ought to show in what high appreciation such a work will be held. This, however, gives but an inadequate notion of the work of the school. Its graduates are found occupying prominent places in the faculties of the other medical schools in the State, in the army, navy and marine hospital service, as well as among the practitioners of the country at large, notably in Virginia, North Carolina, West Virginia and Pennsylvania. An examination of Dr. Cordell's book shows that the progress of the school has been beset with difficulties from the first. It has had to struggle against adversity and to depend on itself almost alone for aid. State appropriations have been meagre, and bequests few and far between. When improvements were demanded by the advance of science the means thereto had to come out of the pockets of the faculty. Professors and graduates have become rich, in many instances largely through association with the school, but when their wills were opened, the name of the University was not found therein. Schools, hospitals and charities have been richly endowed in our very midst, but the University is still left to struggle on without help. Yet, notwithstanding these disadvantages, she has kept pace with the times and is even now engaged in making changes demanded by the advances in medical education and paying for them, as usual, out of the pockets of the Faculty. Dr. Cordell concludes his book with a plea for the endowment of the school, and while we cannot agree with him in the opinion that the school can make no progress without such aid, it is perfectly plain that such help is greatly needed and would add very much to the improvement of medical education in this State. We congratulate the University upon having among its Alumni, a historian so well qualified as Dr. Cordell is, to record its life, and we cordially commend the book to the alumni as well as to the profession at large. The book shows some of the best work of the well known press of Isaac Friedenwald, and is freely illustrated with photographs of members of the Faculty, present and past. The frontispiece gives an excellent view of the University showing the medical, law and dental departments. The book may be had of the Janitor at the University, or of Dr. Cordell, 1111 Maryland Avenue, Baltimore, Md.

CONGENITAL ABSENCE OF THE RADIUS.

Geissendörfer, in an inaugural dissertation (*Ctrlbl. f. Chir.*, No. 15, 1891)' describes a case in which there was a complete absence of the radius in each arm' Both hands had five well-formed fingers. He says that, according to Gruber, absence of the radius has heretofore been noticed only when associated with club-hand and absence of one or more fingers or one or more carpal bones.

Correspondence.

LONDON LETTER.

LONDON, June 1, 1891.

Here is a good excuse for visiting London and of meeting the cream of medical society, with no end of receptions and other hospitality, all available to medical men on payment of a membership fee of one guinea. Following close on the meeting of the British Medical Association at Bournemouth will be that of the International Congress of Hygiene and Demography, the greatest medical event of the year. This meeting in England is the seventh in the history of the series which has been held in previous years at Brussels, Paris, Turin, Geneva, The Hague and Vienna. The Congress desires to stimulate public interest in the progress of hygiene and demography, which latter term is explained as "the study of the life conditions of communities from statistical points of view." The main work of the meeting consists in the reading and discussion of papers in the various sections. Some idea of their scope may be gathered from the following list: Division 1, hygiene, preventive medicine, bacteriology, relation of the diseases of animals to those of man, hygiene of infancy and childhood, chemistry and physics in relation to hygiene, architecture in relation to hygiene, engineering in relation to hygiene, naval and military hygiene, state hygiene. Division 2 includes demography, healty statistics and industrial hygiene. The date fixed is from the 10th to the 17th of August, of which time the last day will be devoted to excursions. Most of the meetings of sections will be held in the rooms of the Royal Society at Burlington House. The committee hope to publish the transactions of the meeting *in extenso*, which would undoubtedly form a valuable record of the present position of preventive medicine and hygiene, besides being a readily available book of reference.

The cold-blooded vagaries of a native in Bombay have called attention to the prevalence of the crime of poisoning among the native population and to the open sale of strychnia. The convict—for he is now condemned to death—is a Mahomedan named Buchoo. Although only twenty-two years of age, he had contrived to get over head and ears in debt. In order to hasten the advent of his patrimony he resolved to poison no less than five persons—to wit, his father, aunt, uncle, step-mother and a servant who was likely to inform. At the shop of a native druggist he bought a rupee's worth of strychnia, twenty-four grains. By the promise of one hundred rupees he bribed a lad who acted as cook in the family to put a powder of five grains into the milk of each of the intended victims. This was done and the five persons died four or five hours after taking the poison. Dawood, the lad, had been sworn to secrecy on the Koran, but for all that he turned informer. This extraordinary case has given rise to a good deal of comment. It appears that strychnia has been left out of the schedule of the Indian Poisons Acts, and accordingly poison is freely sold to all comers without enquiry, but fortunately Buchoo was known to the druggist. The omission from the poison list is probably intentional, with a view to the destruction of the dangerous wild beasts with which India abounds. The medical officer of health for Bombay makes some startling commentaries on the case. He thinks the only construction that can be put upon the fact of the large traffic in strychnia that goes on in the Residency is that it is used for destroying human life. "Such a use of poisons is made the more easy from the very great dislike which the natives have to *post-mortem* examinations. They do not like the bodies of their deceased relatives being opened; they dislike the coroner's jury, and they have a very great dread of being

charged with causing the death, even though they know themselves to be quite innocent. Consequently they attribute all rapid deaths to cholera (as was done in the case of Buchoo's victims), and, even if they have any suspicion of foul play, they take care to say nothing about them. The objection to *post-mortem* examinations is felt strongly in any case; but where the deceased is a woman it is greatly intensified, especially among those who seclude their women." *Tot hominies, tot sentential.*

It is certainly no easy task to instil ideas of English law amongst an ignorant and superstitious people like the mixed native population of India. The dislike to post-mortem examinations, it may be added, is not confined to native races. In England, for example, it is regarded with horror by many persons, more especially in the uneducated classes. Quite lately a coroner publicly informed a jury that in case of their not finding a verdict, he should have to order a post-mortem examination, a proceeding to which he was averse, out of consideration to the feelings of relatives. In that case the deceased had died without medical attendance, and certainly, from a general point of view no enquiry into the cause of death could be considered trustworthy which did not include a skilled report on the state of the body. More than this, in many hospitals a post-mortem is not insisted on, and much valuable information is lost forever. Even in work-houses, the friends of paupers can claim a body and refuse any examination of the body to be made.

Sir Joseph Lister's public utterances are so few and far between that they are regarded with an unusual amount of interest. As holder of the Cameron prize, awarded by the University for distinguished work in therapeutics, Sir Joseph gave a brief address a week since at Edinburgh. He recounted the history of two cases which he had treated without antiseptics, on the theory that has been gaining ground of late that micro-organisms in the air may be disregarded in wound treatment. The first case was ligature of the external iliac artery and was entirely successful. The second case was one of removal of the breast for schirrus, but here the patient developed erysipelas and eventually died. The poison was definitely traced to another case in the wards, and had been conveyed by a nurse who actually handed the Professor the sponges required in the second operation. Sir Joseph concludes that irrigation of wounds while operating, may be dispensed with as a troublesome complication, but that washing of the wound with an efficient antiseptic lotion is necessary. For this purpose he recommends a mixture of corrosive sublimate solution and one to twenty carbolic acid lotion. From certain experiments carried out by Professor Crookshank he is able to state definitely that exposure for one minute of the strepto-coccus of erysipelas to a solution of one part of corrosive sublimate in four thousand absolutely deprives the organism of its vitality. Another practical point of some importance is the fact that there was no spread of the imported infection among other patients in the wards. Special precautions were taken. The erysipelas case was always dressed last, and the dresser washed his hands in what is known at King's College Hospital as the "strong" lotion, consisting of one of corrosive sublimate in five hundred of one to twenty carbolic solution. Sir Joseph regards the two substances as assisting each other's action in a material degree. As regards the flaw in the nursing arrangements it appears to have been due to a change of nurses which took place without the Professor's knowledge. The incident is likely to lead to a thorough inquiry into the whole nursing system of our hospitals. It is obvious that the success of operations depends to a large extent on the proper regulation and conduct of nurses.

Indeed, for a long time past murmurs have been heard from various quarters that all is not right in the relations of medical and nursing staffs. Matrons and superintendents of nurses too often assert their authority in alteration of nursing details without consulting the doctors. Their influence with committees is often considerable. One reason for inefficiency in hospitals is the insufficient number of nurses, leading to overwork and other evils. This false economy lies at the root of much bad nursing. It is an evil that cannot be too strongly pointed out to the committees of charitable institutions, who should thoroughly comprehend that the best matron is not always the one who manages the work with the fewest nurses. Nor can matrons and nurses be taught too firmly that their function is purely a subordinate and administrative one. The writer remembers well the astonishment which he felt on going to a hospital ward some days after an operation for hæmorrhoids, when he was met by a highly trained nurse with the remark—"Oh! I gave that patient a dose of ward mixture this morning, and have let him have some solid food." This on her own authority.

DAVID WALSH.

ILLINOIS STATE BOARD OF HEALTH.

OFFICE OF THE SECRETARY, Springfield, June 6, 1891.

Dear Sir:—There is a demand, from medical teachers and young men that intend to study medicine, for a literary course preparatory to the study of medicine This demand has been met by a few of the literary institutions in the United States, and it is hoped and believed that it will be much more generally met during the next two years. The following institutions now offer science courses for students that intend to study medicine, or that intend to teach or otherwise engage in biological work: University of Wisconsin, University of Pennsylvania, Johns Hopkins University, University of Notre Dame, Yale University, Cornell University, Princeton University, Lake Forrest University, North-Western University, West Virginia University, University of Kansas.

As must be obvious, such a course should be based on biology, and should include thorough work in this science, as well as in osteology, comparative anatomy and chemistry, with English, French, German, some Latin, clay modeling, free-hand drawing, mineralogy, mathematics through trigonometry, mechanics, logic, general and pharmaceutical botany, and (in the last year), psychology.

It is of course understood that botany, being a branch of biology, should have a prominent place in the course.

The catalogues of the universities mentioned contain the lists of studies offered in their science courses.

Such a course should extend over four years. This will involve no loss nor waste of time to the student. The Illinois State Board of Health requires that students of medicine matriculating in the autumn of 1891 or thereafter must study medicine four years and must attend three courses of lectures—no two in the same twelve-month, in order to obtain a license to practice in Illinois. This rule will apply also in some other States. The Illinois State Board will, however, recognize a thorough course in science, such as indicated above, as equivalent to two year's study and one course of lectures, thus enabling the student to enter the second class in the medical college. This makes the full time of study six years in the literary and medical schools, or two years less than is required of the student pursuing a strictly classical course. Not only will time be thus saved, but the student will be much better prepared to enter the second

course of the medical school than will the classical student to enter the first year.

The Illinois State Board wishes to make up a science course that can be recommended to any college wishing to adopt such a course, and having but little time to study the subject, I desire to enlist your aid and have your advice in the matter so as to make the course as practical and as beneficial as possible. Will your faculty therefore, make out such a course as it thinks best for the purpose, and send it to the Secretary of the Board?

The demand from medical teachers and from students of medicine having been met by some universities, must be met by all that would continue to hold a high rank as educators of young men for the work of life.

Such a course is also preparatory to the study of veterinary science.

Respectfully, JOHN H. RAUCH, M. D., Sec'y.

Medical Progress.

HIGHER MEDICAL EDUCATION.

Higher medical education is the true interest of the public and of the medical profession. Nothing concerns more directly every individual member of the community than that our medical men shall receive a thorough and practical education. In all civilized countries except America from five to seven years are devoted to this purpose, although their students enter the medical schools with better preliminary education than the vast majority of ours enjoy. In each European country there are only a few schools privileged to confer medical degrees so that it is easy to maintain a high standard. But in this country there are hundreds of medical schools intrusted with this great power and high responsibility. Keen competition keeps down the standard. Until a few years ago it was the rule that only two years' study was required. Conscience revolted at this shocking laxity, and a few schools advanced their standard and established a three-year obligatory graded course of medical study. It was done in the face of much opposition, but it was done successfully, and to-day no medical school has any standing which has not adopted the three-year course. It was known to all who had studied the subject that this advance was but the first step. The number of subjects to be taught has increased; the methods of medical instruction have grown more exacting and thorough; above all it is felt that no student should receive a degree which empowers him to enter on the most responsible work of practicing medicine unless he has had ample bedside instruction in every branch of his profession. It is simply impossible to do this in a three years' course. Students are overworked in the attempt. The more complete the facilities possessed by any school the more evident has it become that one more advance must be made to enable the student to profit by his opportunities and to become a well-trained physician. The old cry is still raised that there were eminent doctors in former days who had studied only two years, and that those who graduate now with three years training succeed well in their profession. But every one who advances this argument knows how specious and hollow it is. It is universally admitted by the public and the medical profession alike that it is impossible to-day to give a thorough medical education in less than four full years of actual work in lecture room, laboratory and hospital.

The Medical Department of the University of Pennsylvania is the oldest and most distinguished medical school on this continent. The stand taken by this

school more than fifteen years ago in lengthening the term and raising the standard of medical study produced the most conclusive effect, because it was attended with such brilliant practical results. Ever since that time its graduates have distinguished themselves by unequalled success in all professional competitions. The advance was effected only by great sacrifices and exertions on the part of the Faculty. All high-grade, scientific education is costly and demands great facilities and increased labor. So it will be again. The school which puts into operation a full four year graded course of medical study must be ready to meet increased outlay and lessened income from students' fees for some years at least. But what is resigned in mere pecuniary profit will be many times over compensated by the lasting influence for good exerted.

On May 21st the following letter was submitted to the Medical Faculty and Trustees of the University :—

1811 Spruce Street.

To the Board of Trustees and the Medical Faculty of the University of Pennsylvania:

The approaching completion of the Laboratory of Hygiene calls attention to the pledges given to Henry C. Lea, Esq., by the Trustees and Faculties of the University. These pledges included a sum of $200,000 for equipment and endowment; the appointment of Dr. Jno. S. Billings as Director of the Laboratory and Professor of Hygiene; the introduction of Hygiene as an obligatory study in certain courses; and finally, after compliance with the above conditions, the inauguration of an effort to secure a fund of $250,000 for the endowment of the Medical Department of the University for the purpose of establishing an obligatory four-year medical course. It now becomes our duty to undertake the last of these obligations.

It cannot, I fear, be reasonably expected that this latter large sum of money can be actually obtained in interest-bearing securities in less than three or four years. Meanwhile the arguments in favor of the early establishment of the four-year course appear to be gaining force. All will admit the impropriety of yielding to these arguments, however, in the case of the University, unless ample provision is made to secure the permanent and successful continuance of the movement. If, therefore, the four-year course is to be started in the near future, it would seem desirable that while the effort to raise the $250,000 for permanent endowment is being resolutely prosecuted, it should be accompanied with the raising of a guarantee fund to cover any actual deficit resulting from the operation of the new course. Careful consideration indicates that no less an amount than $20,000 per annum for five years would suffice for this purpose.

Being impressed with the urgent importance of higher medical education, and believing that it is the duty and the privilege of the Medical Department of the University of Pennsylvania to be the leader in this the final reform of medical education in America, I beg to submit the following proposition: That on condition the University shall decide and announce before June 1st, 1891, that a four-year obligatory graded course of medical study shall be established on or before September 1st, 1893, I will subscribe towards a permanent endowment fund of $250,000, for the Medical Department the sum of $50,000 subject to the condition below recited; and towards a guarantee fund of $20,000 per annum for five years the sum of $1000 annually during that period.

The conditions attached to this offer are: that the endowment and guarantee funds shall be fully subscribed before January 1st, 1893; that the endowment

fund may be subscribed to be paid in annual installments extending over not more than five years; that a certain number of additional free scholarships be established in the Medical Department to which this subscription of $50,000 shall be devoted is to be announced later.

Yours faithfully, WILLIAM PEPPER.

The Medical Faculty of this venerable school have again shown the devotion and courage which made them pioneers in the former advances. They have promptly pledged themselves to establish a four year obligatory graded medical course in 1893. The Laboratory of Hygiene will be opened in February, 1892. This admirable institution will afford facilities not to be found elsewhere in America. The establishment of the four year course will enable all students to pursue thorough courses in hygiene, bacteriology, etc., under the distinguished teachers, Dr. John S. Billings and Dr. A. C. Abbott, who leaves Johns Hopkins University to take the position of Assistant Director.

The Laboratories of Chemistry, Pathology and Histology are unequaled in size and completeness of equipment. The clinical facilities offered in all branches will vie with those of the great European schools. During the coming summer a great central heating and lighting station will be constructed, and electric lighting, steam heating, and admirable ventilation will be provided for the medical buildings.

It is intended to raise a guarantee fund of $20,000 annually for five years; already about one-half of this has been subscribed by the members of the Medical Faculty. A permanent endowment fund of $250,000 must also be secured. It cannot be doubted that the offer of Provost Pepper will be effective in this direction. The Board of Trustees has judiciously postponed its assent to the proposed advance until the success of both funds is assured. Every friend of sound education and of humanity should aid in carrying this through, for it will remove a source of reproach, and will set an example which will result in the general elevation of the medical profession, and therefore in promoting the true interests of the public.

Medical Items.

The next meeting of the American Association of Obstetricians and Gynæcologists will be held in New York City, Thursday, Friday and Saturday, September 17, 18 and 19, 1891.

A movement is on foot for the establishment of a Society of Hygiene in Havana. There can be no doubt that such a Society will have an ample field for its labors in the capital city of Cuba.

On the morning of June 6th, Dr. P. T. Shearer died at his home in Wheeling, W. Va., of typhoid fever, after an illness of three weeks. He had not been in good health for some time past and he taxed his strength by assiduous attention at the bedside of his sister, Mrs. Brittingham, who died only five weeks before him. Dr. Shearer was born at Moorfield, Hardy Co., W. Va., April 29, 1867. He was educated at an Episcopal high school in Virginia, and graduated in medicine at the University of Maryland in 1889. He was city health officer of Wheeling, having been elected only three months before his death.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 10. BALTIMORE, JULY 4, 1891. NO. 536

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THE RELATION OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND TO PROFESSIONAL ORGANIZATION IN MARYLAND.—ANNUAL ADDRESS OF THE PRESIDENT.*

BY. T. A. ASHBY, M. D., OF BALTIMORE.

After a brief reference to the work of the Faculty during the past year attention was called to the work of professional organization which the Faculty had recently inaugurated, and the importance of this work was advocated, as it was without doubt in the line of progress and of professional advantage. The founders of the Faculty were men who were thoroughly imbued with the spirit of professional organization and coöperation. The forces and influences around these men were assertive of those broad principles of coöperation and fraternity which were at the very foundation of our national progress under a representative form of government. These principles gave shape and character to the organization of this Faculty which, in the very beginning of its existence, gave consideration to those methods of work which promised the largest development in membership and the largest influence which could be made to flow from co-operative work." "The scheme of organization contemplated that every assistance should be given to the growth of science, learning and ethics in their relation to

*Abstract of President's Address, read at the 93rd Annual Session, held April 28th, 1891.

professional work and that from this authoritative source should flow those influences of organized effort which would develop individual strength and encourage associated labor. The strength and usefulness of the Faculty were made to depend on the aid and influence of each individual member. Its plan assigned to each member in proper rotation a part in its system of work, and sought to stimulate each one to contribute his proportionate share to the growth and efficiency of the entire body. Hence we observe that its scientific work was divided into sections, that its members were assigned to these sections, so that each might contribute in some way or another to the improvement of the whole.

But apart from the encouragement which was in this manner given to individual effort, in the scientific work of the Faculty, its founders had larger views before them. They recognized the various agencies which could be made to contribute to the cultivation and advancement of the individual in other channels of thought and labor. Public addresses, prize essays and lectures, which offer a scope for the presentation of original work and for literary and historical statements, were established under its supervision and authority.

Later on in the progress of its work the education and cultivation of the member were further provided for by the establishment of a hall, library and museum where facilities were presented for research and study in medical literature and history. Access was in this manner made easy to those volumes of professional learning not within the reach of the individual. Opportunities and aids to self-improvement were made available by the joint contribution of the entire membership. Such a stimulus as this to work and to self-culture was as wide reaching as it was beneficent. Another principle of far-reaching import was recognized by our predecessors in the establishment of a system of legal supervision over the status of the medical profession in this State. A charter was obtained from the Legislature of Maryland in 1798 which made the Faculty virtually responsible for the character and qualification of every practitioner within the borders of the State. Every practitioner of medicine was by the laws of the State forced to enter upon professional work through this doorway.

His habits, character and educational fitness were called in question and passed upon by his professional brethren before he was deemed worthy of their association and fellowship. None can dispute the wisdom of this system. It gave a guarantee to the medical fraternity and to the citizens of Maryland that incompetency and incapacity were discountenanced and that the legal right to engage in a most responsible work implied the moral assurance of fitness and reliability.

Under the exercise of the privileges conferred by the charter granted to this Faculty, its affairs and the interest of legitimate medicine were conducted with moderation and success.

At no time in the history of the profession in Maryland were the influences of quackery and irregular methods so slightly experienced. The records of the Faculty show that the profession throughout the entire State gave a zealous support to the organization and that so long as the charter was enforced the pride and dignity of the professional body were maintained. The encouragement given to the medical profession of the State by the laws of the State was most salutary.

In an address delivered before the Faculty in 1815, by Dr. Richard Wilmot Hall, in defence of this law, the following language is used: "Since its provisions have been acted upon medicine has gained a general accession of respectability and public confidence throughout the State.†

†This is confirmed by the report of a committee at a former meeting of the Faculty and recorded in their minutes.

They who were desirous of building up characters as physicians have been encouraged to press on with increased ardor to the attainment of that knowledge which held out the promise of future usefulness, honor and competence. Talents of the first order now enter on the medical career, which, without the provisions of this law, wouldhave remained torpid and useless. The desire of holding an elevated rank among their brethren of the Faculty is shown; of submitting to the decision and approbation of this corporation and its officers, such qualifications and such claims as shall be, not bravely and coolly admitted, but warmly applauded; such claims as are not founded on mere sufficiency or mediocrity of knowledge, but on pre-eminence of talents and science; such claims as their friends and an enlightened public may with more than justice admire and admit.'

'But the ordeal which this corporation presents to the ignorant is truly appalling. They shrink back from the disgrace which must be the consequence of attempting to secure its sanction, while on the other hand they know that without the credentials derived from this body, public confidence will be withheld from them and they must sink in public estimation in proportion as the expediency, the justice and the humanity of the law shall become more apparent. Hence the number of empirics is comparatively small in our State and is daily diminishing.'

We have in these earnest words of Dr. Hall a clear and forcible presentation of the status of the profession in Maryland at the time of which he writes when the profession and the citizens of Maryland were protected in their respective interests by wise and careful legislation. We may picture the satisfaction and pleasure of professional work under such conditions and appreciate the force of Dr. Hall's remarks, when he says, 'There is no longer a necessity to resort to those *little* expedients which disfigure the dignified character and noble simplicity of science, a less ostentatious and more rational conduct amongst physicians now meets with applause and confidence.'

The law of 1798, which conferred such benefits upon the medical profession and upon the citizens of Maryland, was enforced by the Medical and Chirurgical Faculty, with a few slight modifications, for a number of years. The justice and necessity of its provisions were often assailed. Its legality was contested and denied, while its sanctity was often violated. Its vindication and defense became necessary from time to time as its enemies increased and multiplied in the State. In the eloquent defence of the law by Dr. Hall, from which I have quoted, we obtain an insight of those influences which were combining against it. Its enemies began to cry out against the injustice of a law which deprived the individual of the power of confiding his health to whatever hands he might choose. The law, they claimed, was an infringement of the rights of the citizen. This argument found advocates in the persons of demagogues, irregulars and pretenders. As the population of the State increased this class of men grew stronger and more aggressive. The arrival of a class of medical practitioners designating themselves Eclectics, Thompsonians and Homœopaths, men deficient in educational and professional attainments but possessed largely of the spirit of assurance and avariciousness, found in the provisions of the law effectual barriers to position and progress. Through these various agencies, which secured the aid and sympathy of an ignorant and indiscriminating class of citizens, the law was vigorously assailed, and from year to year its provisions were openly violated until it finally became a dead letter upon our statute-books.

The records of the Faculty fail to disclose the various steps by which this position was reached. As late as 1822 the law was in successful operation. It is

probable that its final overthrow was not accomplished until some 10 or 15 years subsequent to this time.

The prejudice and aversion of the members of the Faculty, composed entirely of reputable physicians of the regular school of medicine, toward this class of irregulars were so decided and pronounced that we must assume, in the absence of authentic evidence, that the Faculty virtually assented to a relinquishment of its chartered privileges in preference to a legal recognition of irregular practitioners.

The law of 1798 has never been repealed and remains to-day upon the statute-books in the same form as when originally granted by the Legislature, with the exception of the amendments of 1801, 1816, 1818 and 1821, which were unessential modifications and in no respect derogatory to the character and influence of the original charter. The only legislation of a medical character which could in any way infringe upon the charter of 1798 was an act passed by the Legislature of 1838, authorizing Thompsonians or Botanic physicians to 'charge or receive compensation for their services and medicines.'

Whether the passage of this latter act of Legislation was construed by the Faculty at that day as an abridgement of its authority we are unable to determine, but it is quite evident that the influence of irregular practitioners, yearly growing stronger in this State, had a most damaging effect upon the Faculty in weakening its authority as a licensing body. This authority virtually ceased about this time, and the Faculty either voluntarily, or without marked resistance yielded to the influences waged against it. At this late day we are in no position to criticise or to condemn the action of our predecessors for surrendering the chartered rights of the Facalty. We have no way of estimating the nature and force of the conditions which surrounded them and we must assume that the motives which governed them were pure and patriotic, since we find that whilst the Faculty was being robbed of its legal authority as a licensing body it continued to exercise a most beneficial and elevating influence in behalf of its membership in other channels of labor and fellowship.

The unexampled prosperity of the Faculty cannot be said to have been overthrown by the violation of its charter. It continued to be to the physicians of this State the doorway through which all should pass who wished to rise to honorable professional position and usefulness in medical work. To those who sought an entrance to medical work through any other route eminent position and cordial fraternal relations were long denied them. Membership in the Faculty was now sought as a mark of honor and as a professional privilege accorded only to those deemed worthy.

The loss to the Faculty in shrinkage of membership came gradually from year to year, resulting in diminution of its revenue and in impaired usefulness to the profession throughout the State. Through these influences the Faculty began to assume the characteristics of a local as distinguished from a State organization. Its membership in Baltimore held fast whilst that from the Counties was reduced yearly by death and withdrawal.

But in compensation for these unfavorable conditions which prevailed, a spirit of loyalty and devotion to the traditions and work of the Faculty continued to inspire many of its members with a zeal and faith in its perpetuity and purposes. Reduced in numbers but not discouraged, these members set in motion those enterprises and influences which come down to us to-day as noble emblems of a spirit of liberality and of devotion to the cause of medical science and culture. The need of co-operation and of fraternal helpfulness was only intensified by the

influences of quackery, ignorance and selfishness which assailed them. Unable longer to control and to influence the status of the profession in Maryland by the processes of the law, the Faculty, as it were, resolved to exercise an intellectual and moral force upon professional and public opinion. It sought to surround its membership with the motive and stimulus of culture, refinement and honorable endeavor.

As far back as 1832 the Faculty established the nucleus of the Library which to-day is its most honored and valued possession. Here was inaugurated a force and influence of wide-reaching importance and significance. Here it put in operation an aid and stimulus to professional ambition and culture which the present and succeeding generations must recognize as a most valued and noble inheritance. To the library in its very earliest organization the Faculty gave a liberal and earnest support. In further recognition of the value of this influence we find that as early as 1839 a movement looking to the purchase of a hall as a repository for its library and museum, and as a place for holding its meetings was successfully inaugurated. In later years this purpose was happily consummated.

In 1840 the Faculty attempted the publication of a medical journal, under its auspices, which it was forced to relinquish after a brief period of unprofitable journalistic enterprise. This effort was none the less commendable, for it gives evidence of the spirit of progress and of enterprise which animated its membership at that time.

Time will not permit me to enumerate the various steps in enlightened progress and in useful work which the Faculty continued to make from year to year until the beginning of the civil war in 1861.

Up to this period it had changed its character in only one essential respect. It had ceased to be a licensing body and the only doorway to professional recognition in Maryland. It had come to be an organization of commanding influence and respectability not only in Maryland but throughout the entire country and wherever known abroad. It gave encouragement to and fostered all of those agencies which were promotive of the highest aims and results of professional work.

The golden era of the Faculty's usefulness was reached in the year 1858. At the annual meeting held in the month of June of that year, it assembled for the first time in the Hall which had become but recently the property of the Faculty. In the annual oration delivered upon this occasion by an honored and distinguished member, the late Professor Saml. Chew, this event is commemorated in the following happy and encouraging words, 'The present annual meeting of our Society is an occasion of more than ordinary interest. The building in which we assemble to-day for the first time is one which has recently become the property of this Association. We have heretofore had no fixed and regular place of convocation. To-day we inaugurate a wiser and better arrangement of our polity. From to-day we are prepared as a body to experience the happiness ascribed by the wondering hero of the Roman Epic to those who possess a local habitation, *'Fortunati quorum jam mœnia surgunt.'* The hall in which we are now gathered together will probably be the usual, or perhaps the constant, place of all our future meetings. May its use be auspicious to the best interests of our fraternity. Happy for us all if its name be henceforth associated in our minds with recollections of the knowledge, the good sense, the urbanity of deportment and the friendly and cordial feelings which should subsist among the members of a scientific, liberal and honorable profession.'

The occasion so felicitously celebrated, contrasts most happily with subsequent events. The Faculty was scarcely housed in its own hall and secure in the pos-

session of those means which could be made to contribute to its usefulness and renown when disturbances began to arise in the political and social affairs of the country which brought temporary disaster upon the work so successfully inaugurated.

In 1859 a decline in the work of the Faculty was already apparent. From 1860 to 1870, the interests of the Faculty were so completely overlooked in those disturbances which were going on in the State during this decade that no record remains of any work having been done during that period. Its membership was scattered and disorganized, its work was suspended, its revenues were cut off, and but for the watchful care and loyalty of a few members living in this city its library would have been totally destroyed and its property sacrificed.

Fortunately for this and coming generations this work of our predecessors escaped the ravages and ruin of war and remains with us to day safely shelved in the building we now occupy. The finances of the Faculty suffered much during this decade, and the crippled condition of our Treasury to-day may be largely traced to the period of which I now speak. The building erected by the liberality and perseverance of our predecessors was swept away by accumulated debt. We have only the example and noble self-sacrifice of these members to stimulate our pride and liberality in the new work of rebuilding a library hall which both duty and expediency demand of our hands.

The war over, wisely enough no attempt was made to resume the annual meetings of the Faculty until sufficient time had elapsed to bury out of sight the memories of a struggle in which its membership had been arrayed in hostile relations towards each other.

In 1870 the scattered and depleted ranks of the Faculty were again assembled under the presidency of that venerable and honored member, the late Professor N. R. Smith. The traditions and memories which had gathered around the sixty odd years of work prior to the war were now recalled, its high aims and purposes and its honorable record of usefulness in the work of professional organization were remembered and a movement was set on foot looking to a revival and renewal of its interests and objects. The machinery was in proper working order; all that was required was the stimulus of its membership to set in motion. We of the present generation know how successfully this was done and we are here to-day to bear testimony to the fact that this work established by our forefathers in medicine is a vigorous, earnest and healthy organization as fully devoted to the welfare of the medical profession as in the past.

The work of this Faculty from 1870 to the present time is familiar to all. It has been a continued and onward movement from year to year, from achievement to achievement, until we stand to-day in a position to push forward this work upon such terms of advantage as this Faculty has never before enjoyed.

I have attempted to show that the founders of this Faculty had before them a large and intelligent plan of usefulness for the Faculty as a State medical organization. The plan, under its charter, conferred upon the Faculty full powers as a licensing body. The authority which it exercised whilst its charter was in force was eminently advantageous to the interests of the medical profession and to the public welfare. The influences which led to the overthrow of this authority have been referred to. We have seen that this result changed the characteristics of the Faculty to a very marked extent and led to the inauguration of other features of its work which have exercised a most beneficial influence upon its membership.

It is not my purpose to discuss the questions which have been raised in regard to the legal rights conferred by the charter of this Faculty. I assume that any

attempt to revive the legal authority conferred by the charter is as impracticable as it is ill-advised. The Faculty is not now, in my humble opinion, in a position to inaugurate any movement looking to a renewal of its functions as a licensing body. There are other features appertaining to its work which claim more earnest consideration and demand more serious attention at this time. When these interests have been furthered, the Faculty can then, if it sees proper, advance a step forward and assert its influence in matters of medical legislation to far more eminent advantage. In my judgment, the most important work now before the Faculty is the work of general organization of the medical profession in Maryland. This work implies that every effort should be made upon the part of the Faculty to enlist in its ranks and place on its roll-call the name of every worthy member of the regular school of medicine in Maryland. When this has been done it will bring to its aid and purposes a material and moral force which will elevate the profession of this State to a position of usefulness and of respectability such as it has never before enjoyed. Other influences will at once flow from this result. Local medical societies in the counties and cities throughout the State will organize, professional pride and ambition will be stimulated, an interest in medical work and progress from a scientific standpoint and as a means of public advantage will increase, and, not least, the exercise of those courtesies and civilities which come from closer professional intercourse and association will be promoted. A large and intelligent class of men bound by such fraternal relations as this Faculty can and should present cannot fail to have the strongest influence over that class of men who repudiate its principles of work and ethics. The moral force and authority of thorough organization would reach beyond the limits of its own body. Mere strength in numbers should never be the aim of the Faculty, but the bringing in of men, strong and true, and raising them up to a standard of usefulness as professional workers, which the scheme of this Faculty contemplates, is quite within its scope and capability. It seems to me that the principles of this organization contemplate the greatest good to the greatest number. It was never designed that this Faculty should become so select and so eminent as to exclude from its ranks the great body of professional workers in Maryland. In the early years of its organization its membership embraced the entire body of medical practitioners in the State. It was during this period that the standard of the profession throughout the State was raised to its highest plane of usefulness and activity. The influence of the Faculty upon the ethics and culture of the profession was then most marked. In one sense this influence has never been lost, but it has been narrowed and localized just in proportion as it lost the support of the profession in the counties and gained in membership in this city.

The circumstances and conditions which led to this result have ceased to exist. The time has arrived when this Faculty can earnestly and patriotically claim and demand the support of the profession over the entire State. Nor can the profession of Maryland, without injury to its pride, prosperity and high character, and disregard for those higher interests of professional work, neglect the claims which the Faculty makes upon their loyalty and co-operation. This work of organization has commenced and it must go forward or the medical profession of Maryland will continue to lag behind the profession of our sister States in enterprise, pride and earnest work in all undertakings looking to professional and public advantage.

As an outcome of a larger growth in the membership of the Faculty we may confidently look for marked progress in other matters of importance to professional interests in Maryland. Virchow has made the remark that 'the object of med-

ical associations should be to unite the world in a struggle against disease and death, not to get shorter hours and more pay, but to increase our ability for research and to diminish the dangers which surround humanity.' These words seem to express the highest aim of associated work coming within the scope of all organized medical bodies. To increase our abilities for research and to diminish the dangers which surround humanity, we must look largely to the philanthropy and beneficence of endowed institutions and societies. But it seems clear that an organization such as this should assume an important and responsible relation in furtherance of such sentiments and considerations. It comes within the scope of our work to give a helpful stimulus to research, both in the field of science and in the mines of knowledge and learning. And if this be true, how much higher is the duty to give aid and attention to those conditions of our environment which diminish the dangers which surround the citizens of the communities in which we reside.

The means of accomplishing these highest aims of an organized body, such as this, lead to practical results by indirect methods. This Faculty can only make progress in general philanthropy along such routes as run parallel with its plan of organization and methods of work. Its influence upon scientific work and upon medical culture must be felt from a literary as distinguished from an experimental and investigative standpoint. It is not within its scope to provide the facilities and appliances for original research, but it can offer the stimulus both in word and in action. It can express its sympathy with the work of research by extending encouragement to the investigator. Through prize essays, public addresses and honorary testimonials it can aid and uphold the hands of men who constantly tell us in the language of Bruno, 'when science is made traffic, wisdom and justice shall perish from the earth.'

The agencies which represent an educational and moral influence upon medical ethics and culture were clearly recognized by the early members of this Faculty. These agencies have been handed down to us in such shape as to suggest the importance of a more careful consideration of their claims upon our pride and liberality.

I need hardly present an argument in behalf of the claims which the library of the Faculty makes upon the profession of this State and city. Every intelligent and thoughtful physician must feel the need of literary assistance in his medical work, and yet how few of us are there who fully appreciate the value of such a repository of medical literature as a properly conducted library can and should present. This single agency, the property of this Faculty, apart from every other consideration, should entitle the Faculty to the respect, support and liberality of the entire profession of Maryland. It is a common centre, an imposing obligation, around which we should unite as a means of the highest advantage to an educated class of men. We have not sufficiently appreciated the value and usefulness of this single educational and refining influence upon the professional body, in consequence, I venture to suggest, of the fact that we have not fully made a personal application of its advantages. To the individual it has probably represented too little, but if we consider the opportunities which it offers to the profession as an entirety, its importance at once grows upon our attention. Libraries, whether technical or general in their scope and characteristics, are as essential to large communities as the purity of the atmosphere which surrounds them. They create intellectual wants, stimulate ambition, promote culture and refinement to a degree not within the reach of any other single educational influence. These facts have long since been recognized, yet be it said to our discredit, that within

a city and State of the size, intelligence and wealth of our own, we have permitted this influence to remain undeveloped and dwarfed. In this respect we are far behind some of our sister cities of less population and wealth, and surrounded with inferior advantages. I can not but believe that this neglect is remediable and that we are now in a position to take hold of this work and place it upon a higher plane of usefulness and importance. The plant is here and the machinery is in motion, but we must awake to a realization of the importance of greater liberality and progressiveness on our part in relation to this interest. The profession of this State, much less of this city, can not, in duty to its intelligence and out of respect for its prestige, remain passive and indifferent to the claims of the library owned by this Faculty. A work which our predecessors, numbering less than one-third our present numerical strength, set in operation and by liberal contributions housed in a building of their own purchase, we find to-day stored on shelving and under a roof owned by another corporation. Is not this a reflection upon our liberality and professional pride? Is it not an indication that we are lacking in enterprise and in interest toward the higher obligations of medical achievement and progress? Whatever may have been the cause of our present position in respect to so important an interest the time has come for a new movement and for larger activity. I can not but believe that among the members of this Faculty there are many who will liberally contribute to an endowment fund to be used for the purchase of a hall or building in this city to be dedicated to the purposes of a medical library and to the uses of permanently organized medical bodies. Is not such an enterprise worthy of our encouragement and undertaking? Are we here in Maryland wanting in those generous and elevating sentiments which have enabled the medical profession of New York, Philadelphia and Boston the exclusive owners of noble and beautiful temples, erected to the uses of science and literature, and as places for the assembling of medical bodies?

I, therefore, confidently appeal to the pride and liberality of the medical profession of Maryland to recognize the importance and utility of such an undertaking. I can not make this appeal in words of sufficient earnestness, for I feel that the circumstances and the situation are alike binding upon us.

If Baltimore is to be the great centre of medical education and research of the future, as we have just reason to anticipate, we must not only encourage and foster endowed institutions and great educational bodies but we must provide every possible facility for the education and cultivation of medical practitioners who have but a limited contact with these larger organized influences. It is proper that this Faculty should assume some such relation as this to the great body of medical workers throughout this State. It is to the wisdom and liberality, to the influence and leadership of such an organization as this that the profession of Maryland should look for larger growth, influence and prosperity.

Organization is the great lever of the human will and intelligence, it is that principle which coordinates the functions and movements of society into harmonious and efficient action and directs the mental and physical energies of men in work of the highest aim and advantage. The medical profession of Maryland cannot and should not remain indifferent to such important considerations and interests as are involved in this work of professional organization. The highest interests and aims of professional service are connected with and dependent upon the good fellowship, the urbanity of deportment, the correctness of conduct, the purity of motive and action, and the integrity of purpose which characterize the relations between physician and physician and between physician and patient. These relations cannot be strengthened and developed apart from the

influence and aid of organized effort, nor can the moral standard, the legal status, and the educational qualifications of the profession as such, be advanced to their highest plane of usefulness through any other human agency or instrumentality. I, therefore, appeal to the membership of this Faculty and to the great body of intelligent practitioners of medicine throughout the State to realize the dangers and duties of the hour which alike confront them, and to arouse to the responsibilities of labor and fellowship which devolve upon them."

A CASE OF TRAUMATIC STRICTURE IN THE PENDULOUS PORTION OF THE URETHRA.

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Stricture of the pendulous portion of the urethra due to external violence is a very rare condition, probably because the flaccid penis is so easily pushed aside, allowing the neighboring parts to suffer whatever injury may be inflicted. Where such a structure is present it would probably be found that when the urethra was injured, the penis, at the same time, was badly lacerated, giving rise to a condition of hypospadias. In the case to be reported there was no external wound at all, although the urethra had been torn and crushed through a distance of 2 cm, and the introduction of a bougie through the resulting stricture was exceedingly difficult.

There had also been an extravasion of lymph, forming a swelling of considerable size at the point where the stricture was found to be situated. The following are the notes of the case.

A. H., white, aged 49, married, an engineer, presented himself, at the genito-urinary department, Johns Hopkins Hospital Dispensary on May 23, 1891, with the following history:

Never had a venereal disease. Six weeks previously, while running an engine on a dredging machine, he was struck between the legs by what is known as a "speed drum," and thrown over the drum. It resembles a spool, and one part of the flange was broken off, leaving a depression; as if a spool on which thread is wound had a big V cut out of one side. The machinery was suddenly set in motion and the man jerked forward on the drum at the very moment when the broken part was coming around.

In order to have produced the injury sustained without breaking the skin of the penis, a peculiar combination of circumstances must have occurred. The broken part of the flange must have struck the penis 3 cm from the scrotum, forcing the penis against the abdomen, and at the same time giving a violent blow, which threw the patient over the drum. The elastic skin of the penis stretched while the urethra was torn or crushed, and the corpus spongiosum and corpora cavernosa were bruised. The testicles were not injured, but the skin of the scrotum was slightly torn. Just after the accident, blood started to come from the urethra, and there was a great deal of pain. The hæmorrhage continuing, a physician was brought on board, who, with chlorofoem narcosis, introduced a bougie, which stopped the bleeding. During the next eight days, the stream of urine gradually became smaller, until it only came in drops, after much straining. On consulting a physician, chloroform was administered and a small bougie passed, which relieved the condition for a few days. During the

next four weeks the patient was dilated under chloroform six times, and says that the largest bougie that could be introduced was the size of No. 6 F. After each dilatation symptoms of threatened retention returned in a few days, so the man came to Baltimore for treatment.

On examination, a hard lump, 1x2 cm, was found on the penis, 3 cm from the scrotum, involving the urethra, the corpus spongiosum and the corpora cavernosa. The skin of the penis was freely movable over the swelling, and bore no scar. The extravasation was more into the right corpus cavernosum than into the left, but involved both to such an extent, that when the penis becomes erect, the patient says it bends almost at right angles, with a decided trend toward the right. There has been no pain during an erection. The stream of urine was very small and weak. After irrigating the urethra with a 1-40,000 solutiom of bichloride of Mercury, a filiform bougie was introduced into the penis 8 cm., or just to the point where the swelling could be felt externally. At this point it stopped, and the patient complaining of considerable pain, one drachm of a 6 percent. solution of cocaine was injected. Then after a great deal of trouble, a filiform, and bougies No. 5 and 6 F. were introduced. Nothing larger could be passed through the stricture, which felt very hard and tortuous.

May 28th, Was dilated with La Force dilator up to No 12 F. Considerable pain. Slight bleeding. Expressed in a few words, the La Force dilator consists of a filiform bougie which screws on to a rapidly enlarging sound. The filiform precedes the sound into the bladder. By using this instrument there is practically no danger of making a false passage.

June 3rd, Passes urine in a much larger stream. Was dilated with La Force dilator to No. 20 F. While the instrument is in the structure, the outline of the cicatrix can be distinctly felt.

June 8th, Sounds Nos. 17, 22, 23 F passed. The swelling around the stricture is smaller and softer. Patient reports that the erections are much improved. Urine passes freely.

June 16th, Sounds No. 25 and 26 F passed. In being necessarry for the patient to return to work, he was taught how to introduce a No. 23 rubber bougie antiseptically and discharged.

The man will probably recover the power of perfect erection, as the exudation of lymph due to the injury is gradually absorbed. The La Force dilators acted most satisfactorily, while cocaine proved a safe and efficient substitute for chloroform. The stricture seemed to yield to dilatation more readily than one of specific origin, probably because the scar tissue was of such recent formation.

A CURIOUS VIOLATION OF PROFESSIONAL SECRECY.

The *Lancet's* Paris correspondent says that the Municipal Council of Paris had recently brought under its notice a curious violation of what is laid great stress on in France—viz., professional secrecy. The administration sold as waste paper several large bundles of medical reports, dating from 1873, containing the official notification of the demise of people giving names, diseases, and other details of a private nature. The retail dealers in certain quarters bought the waste paper and used it to wrap up their wares in when disposed of to the public, who had thus ascertained particulars about the immediate ancestors of their neighbors by no means desired by the latter. The Prefect of the Seine, being appealed to, decided that for the future such documents should be destroyed and not sold.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

Subscription $3.00 *per annum, payable in advance.*

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JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.

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BALTIMORE, JULY 4, 1891.

Editorial.

A SOURCE OF FEMALE DISORDERS OFTEN OVERLOOKED.

Much can be done even by the general practitioner to relieve the numerous and very distressing disorders to which that unhappy class of creatures known as "women" are so universally inclined. But there are many patients of this afflicted and much be-doctored sex, who retire to the seclusion of hopeless invalidism after a long and checkered career of examinations, applications, scrapings, stretchings, cuttings, suturing and proppings of the genital organs, with naught to comfort them save the knowledge that they have "the womb-disease" and that the expensiveness of treatment of the sexual parts is surpassed by its nastiness. The contemplation of such cases will excite within the heart of every male physician, not only the deepest pity for the unhappy sufferer and the most sincere thankfulness that he does not belong to the female sex, but also a most earnest desire to seek out and remove, if possible, the morbid conditions which wreck so many happy lives.

There are two possible sources of trouble to which he will do well to direct most careful attention. One is the condition of the general nervous system; for the wise and careful teacher of gynæcology is never tired of warning his pupils that in many cases of so-called "womb-disease" the disorder is seated in, and treatment, if successful, must be directed to the mind and the general nervous system of the patient. The other is disease of the urethra.

Diseases of the female urethra have until recently received very little attention from even the best gynæcological writers. The most practical treatises on Diseases of Women lately issued (of which Skene's work may be cited as an example), devote much space to the anatomy, diseases, pathology and treatment of this little organ. Cases are on record in which many symptoms of uterine disease were present and the patients had become hopeless chronic invalids, getting no better

under either local or general treatment, until (perhaps by accident), the urethra was examined and some local disease or tumor found in it. Upon the healing of this disease, or the removal of the tumor, quick restoration to health would ensue, the uterine disorder and the manifold disturbances of other parts and organs vanishing as if by magic.

In the *Transactions of the Medical Association of Georgia*, 1890, Dr. Moore contributes an article upon this subject, in which he considers particularly certain tumors of the female urethra. These may be distributed into two classes—the *painful* and the *painless*. The former may, even when very small, cause most excruciating agony by their extreme sensitiveness. There is no affection of the genito-urinary apparatus which can produce such a total wreck of the nervous system and such a condition of utter misery as urethral caruncle. A caruncle not larger than a pin's head may cause the most intolerable agony with every act of micturition. This pain may be due simply to friction of the stream of urine against the tumor; but more often the distress is greatly increased by reflex spasm of the bladder, which renders micturition extremely difficult and painful, and causes frequent repetition of the act. The vaginal sphincter shares in the reflex spasm, and permanent vaginismus is excited. Walking and even sitting are painful, especially when the growth protudes from the meatus. Hæmorrhages may occur and anæmia be thus produced. Excepting fissure *in ano*, probably no pathological condition of such apparent insignificance can produce such widespread and profound disturbances.

When once suspicions of the nature of the trouble are aroused, diagnosis is very easy. Careful inspection of the urethral orifice and the use of the speculum will reveal the little tumor. Excision after local application of a four per cent. solution of cocaine, and careful cauterization of the site with a red hot wire suffice for treatment. In cutting, the whole growth should be removed; but too much tissue should not be excised, else urethral stricture will result. Hæmorrhage from the wound may be checked by leaving a large close-fitting sound or bougie in the urethra for some hours. The vaginismus may then be overcome by dilatation of the vagina and soothing applications.

Painless tumors of the urethra are still more apt to escape detection than those just considered. Dr. Moore thinks that, as a class, they have never received attention at the hands of authors. In recent years he has met occasionally with cases of general decline of health and much nervous irritability and pain, especially in the hips, back and pelvic region, for which he could find no adequate explanation in the uterus and ovaries, Upon more careful search, however, he has discovered urethral neoplasms large enough to lessen the calibre of the urethra and set up local inflammation; yet the patients had not been conscious that there was any disturbance of the affected part. The neoplasms obstruct the flow of urine, and this obstruction, even if very slight, produces in time sagging of the urethral walls, retention and decomposition of urine in the urethral pouch, and numerous reflex disturbances. If it were not that the consequences of obstruction of the

male urethra were so well known, it might be doubted whether slight constrictions of the female urethra were of any moment; but being familiar with the former, we can readily believe the latter.

In the treatment of this class of cases, excision of the growth is not always sufficient to restore health, for there remains, after excision, the sagging of the urethral walls, which may require the button-hole operation of Emmett before it can be cured or retention of urine in the urethral pouch can be prevented.

THE INTER-CONTINENTAL AMERICAN MEDICAL CONGRESS.

We take great pleasure in furnishing in this issue, the circular of the committee on Permanent Organization of the Inter-Continental American Medical Congress. This is the preliminary notice of the work of organizing the congress of the physicians of the Western Hemisphere which is to meet in Chicago during the Columbian Exposition and is a scheme well worthy the attention of the profession in the United States. While we should be and are ready to welcome representatives,

"From every kingdom, every tribe
On this terrestial ball,"

whatever their nationality, profession or trade, there is a peculiar fitness in making the invitation especially cordial to those who can most heartily sympathise in the celebration of the opening of this hemisphere to European immigration. Our merchants and manufacturers are doing their best nobly for they have learned long ago, the advantage of closer association with our brethern from Mexico, South and Central America and the West Indies, and we have no doubt our southern business neighbors will come in large numbers and join most enthusiastically with us in the great celebration. We are profoundly convinced that this movement on the part of the American Medical Association is dictated by wise counsel and will be fruitful of great results. The association between the professional men of the United States and Canada on the one side and the Spanish American countries on the other is by no means so cordial and intimate as it should be. North and South America, or to be more accurate, Anglo Saxon and Danish America, are in effect much more widely separated than either America from Europe. The medical profession as constituted at present in the the two sections are not brought sufficiently in contact and hence are not placed under the influence of those cordial mutual relations which of a right should exist between them. It is the object of the proposed congress to open the way to this desirable state of affairs and we sincerely hope our neighbors will meet us half way in the matter.

A brother-in-law of the famous German physician, Dr. Koch, is a convict in the penitentiary at Jeffersonville, Ind. His name is Otto Reimer, and he received a sentence of two years for stealing a watch at Terre Haute. He speaks seven languages, is highly educated and has led an adventurous life.—*Exchange.*

HOW TO COLLECT PHYSICIAN'S BILLS.

The rulings of the courts on the question of collecting bills are of the most intense and exciting interest to physicians, and it is with this in mind that we present a recent decision of the General Term of the New York Supreme Court. In this case a physician rendered medical services to the wife and in a suit to recover the value of his services, made the husband and wife both defendants. On the trial the plaintiff was asked whether he relied on the husband or the wife for payment and the question was allowed, although objection was made by the defendant. He replied that he relied on the wife. The case was decided against the defendant and she appealed. The Court held that the question was improper, and directed a new trial. The ground of the decision was that the facts of the case were to decide who was liable for the bill and that the physician could not settle the matter by declaring his intention to be to hold the wife responsible instead of the husband.

SUICIDE AND LIFE INSURANCE.

It is difficult to avoid payment of life insurance policies in Missouri when death occurs by suicide, even though the policy expressly frees the company from liability in such cases. The reason for this is that a Missouri statute declares that the company cannot refuse payment unless it is able to show that the deceased contemplated suicide when he obtained the insurance.

Correspondence.

EXECUTIVE OFFICE, STATE BOARD OF HEALTH OF KENTUCKY.

Editor Maryland Medical Journal: June 19, 1891.

I am instructed by this board to transmit to you for publication the following self-explanatory resolution which was adopted at its recent meeting held in Louisville :

Resolved, that the Secretary be instructed to place upon the list of medical colleges whose diplomas are to be certified and endorsed for registration under the laws of this state, only such colleges as shall, after the session of 1891-2 exact of matriculates and graduates a minimum of requirements not less than those required by the American Medical College Association.

Very respectfully,

J. N. McCormack, Secretary.

Rockville, Md., June 17th, 1891.

Editor Maryland Medical Journal.

Sir :—The June meeting of the Montgomery Co. Medical Society was held in Rockville on the 16th. In the absence of President, Dr. C. J. Maddox, who met with an accident by a fall a few weeks ago, Vice President Dr. E. E. Stonestreet took the chair.

The resolution brought forward by Dr. W. Frank Elgin at the last meeting which was carried unanimously, that our President invite the Medical and Chirurgical Faculty of Maryland at their next semi-annual reunion to meet in Rockville, claimed our attention. A letter from the chairman of the executive committee of said Society, Dr. T. A. Ashby, was encouraging to the proposition, as he expressed himself as being in favor of it. Our society will most heartily welcome the Faculty should it see fit to meet here.

CHAS. FARQUHAR, M. D. Secretary.

Medical Progress.

A NEW NEEDLE-HOLDER.

Dr. J. W. Williams exhibited a needle-holder which he had devised. "Some of the various forms of needle-holders devised for Hagedorn needles fulfil all the requirements of a perfectly antiseptic instrument and leave nothing to be desired in that respect. But they are only adapted to the use of Hagedorn needles and cannot be used with the ordinary curved surgical needles, which are still used by many. Holders for this class of needles offer a large field for improvement; for I know of but few needle-holders, with any sort of spring catch, which are not made with several screws or permanent joints, which cannot be removed and cleansed, thereby placing the instrument in the category of uncleanly instruments.

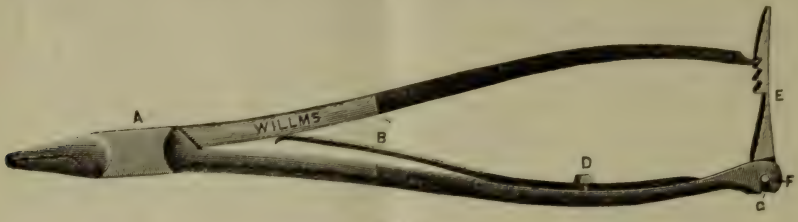

FIG. 1.

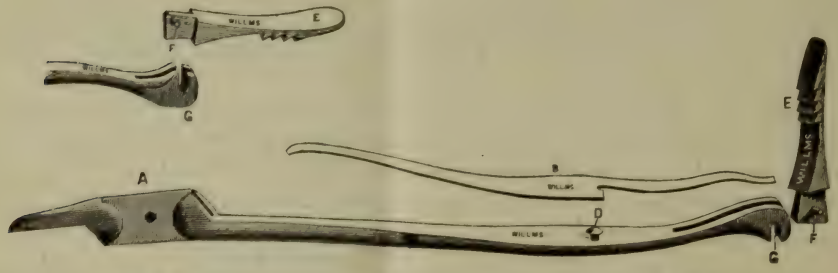

FIG. 3. FIG. 2.

The following needle-holder is a modification of one devised by Professor Zweifel, of Leipzig, and differs from it only in the fact that all its parts are readily separable, instead of being permanently united as in his instrument.

The instrument presents the general form of most holders for flat needles and is provided with a spring catch at the end of a handle, and is represented in *Fig* 1.

The blades are provided with a shouldered French lock and are readily taken apart (A); the jaws are lined with copper to prevent slipping of the needle. The main improvement presented by this instrument is the spring (B) and catch (E)

which can be readily removed for cleansing and whose form is readily seen in the drawings.

Instead of by a rivet the catch is attached to the lower blades as follows: The axle is firmly placed at the lower part of the catch as shown at (F); and instead of a mere rivet hole at the end of the lower blade, we have the slot (G) into which the axle is placed as shown in *Fig* 3. The catch is then turned up into its normal position and is held in place by the end of the spring (B). The spring is provided with a fenestrum, which slides under the knob (D), by which it is held in place. It is placed in position by placing its small end under the end of the catch (*Fig* 1.) and the pushing the fenestrum firmly under the knob (D). The upper blade is then placed in portion and the instrument is ready for use.

The instrument has proved itself of practical value and offers no difficulty in taking apart and cleansing.

I do not pretend to claim any great amount of originality for the instrument, for it is merely a combination of several forms; but I do claim that it is perfectly cleanly and fairly simple in its construction.

The instrument was made by Mr. Chas. Willms, to whom I wish to express my thanks for the able manner in which he carried out my instructions.

Drawings five-ninths size of instrument."—*Bulletin of Johns Hopkins Hospital.*

TREATMENT OF ERYSIPELAS.

Dr. C. W. Allen in the *Amer Jl. of Med. Sciences,* sums up the following treatment of Erysipelas: "In view of what I have learned from those cases which have fallen under my observation, I think the plan of treatment which offers the best results is about as follows:

First, internally such symptomatic treatment as the nature of the case seems to require. Antipyretics only in case of high or persistant fever (over 103½° to 104°). Then antipyrine in dose of at least gr. x-xx, for an adult, guarded by alcohol. Cooling drinks. Calomel or saline aperients in full dose if constipation. If much weakness, alcoholic drinks given freely, especially at critical periods, and iron or iron and quinine; digitalis if much fever and prostration; bromides for delirium; antipyrine or phenacetin for headache, with cold applications to head, and as concentrated and nutritious a diet as possible.

Second, locally, I would paint the patch and surrounding margin of healthy skin thickly with ichthyol in collodion, ℥j-℥ij to ℥j. If the scalp is the region affected, a watery solution or ointment of ichthyol can be employed. To arrest the spread I should in every case make an attempt either with the band of adhesive plaster or by scarification, or both, the latter to follow the former, in case the disease spreads beyond the adhesive strips. In erysipelas of the face which had not yet reached the forehead, or at least its upper part, I would apply a band tightly about the forehead and just above the ears, cutting the hair in a strip around if necessary to secure firm pressure. the chances of arresting the process here should be at least equal to those of checking the spred upon an extremity, for we have a hard bony base over which to make our compression. If the boundary is passed, then I should at once have the scalp shaved and apply another band higher up. The hair should be cut in any case in which the scalp is invaded or threatened. Then the same application of ichthyol in collodion can be made; as to the face or other part. If there be much tension, swelling, heat, and discomfort, (which is not apt to be the case under collodion), any oily substance can be applied over it.

In treating erysipelas the uncertainty of *prognosis* must always be kept in mind. Cases to all appearances mild in the beginning may become severe and prove fatal, while formidable appearing areas may suddenly cease spreading spontaneously. It is scarcely more safe to say a case will progress favorably (though the great majority do) than to claim that the particular line of treatment instituted has prevented an unfavorable termination, or proven abortive, unless a whole series of cases under a given method have terminated in a shorter than the average time.

Naturally, when the erysipelatous process has its sources in a pus collection such as an abscess, pustule, ulcer, foul wound, carious tooth, diseased duct, etc., the first care must be to secure as prompt and thorough disinfection and cleansing as possible. Pus must be destroyed and purity maintained. A solution of the peroxide of hydrogen will often be found useful in effecting this purpose. In such case a spontaneous halt may be hoped for. In the same way a diseased mucous membrane must be cared for; excoriations, ulcerations, rhinitis or other disease of the nasal mucous membrane or affection of the throat must be looked after. It is probable that every case of facial erysipelas starts from some local solution of continuity either upon the skin or adjacent mucous membranes, and we simply call some cases "idiopathic" or "genuine" when we fail to find the point where the micrococci have entered. I further believe it is because of this close proximity of various mucous membranes that erysipelas of the face is so comparatively frequent. That so called idiopathic erysipelas of the face is identical with the traumatic variety I think is shown by the clinical history, course, and identity of the skin lesions in both processes, as is illustrated by Cases XXIV. and XXXII., where the husband's recovery from erysipelas of the leg was coincident with an outbreak of facial erysipelas in the wife. Since instances of direct contagion are not often seen, I would call attention to the frequency with which two cases occurred in the same family—no less than six times in the 47 cases. Twice husband and wife, twice in brothers, once mother and son, and once grandmother and grandchild. It will be noted in the histories given that external treatment played a very important part, and I am convinced that cases do quite as well without the large doses of iron so habitually given in this country.

As a prophylactic measure in those predisposed to repeated attacks, great care should be taken to discover and cure affections of mucous membranes, carious teeth, ulcerations, or other disease processes or conditions which I have mentioned as possible means of maintaining the tendency. Recurrences after apparent cure must be kept in mind and treatment continued sufficiently long to prevent them."

OINTMENT FOR HEMORRHOIDS.

Hydrochlorate of cocaine	grs. xvj.
Sulphate of morphine	grs. v.
Sulphate of atropine	grs. iv.
Powdered tannin	grs. xvj.
Vaseline	℥j.
Essence of rose	q. s.

Make an ointment and apply to the affected parts after each movement from the bowels. It is necessary to have the discharges of soft consistence.—*Journ. American Med. Assoc.*, 1891.

THE INTER-CONTINENTAL AMERICAN MEDICAL CONGRESS.

To the Medical Profession of the Western Hemisphere:

At the meeting of the American Medical Association, held at Washington, May 5th, 1891, Dr. Charles A. L. Reed, of Cincinatti, introduced the following:

Resolved. That the American Medical Association hereby extends a cordial invitation to the Medical Profession of the Western Hemisphere, to assemble in the United States in an Inter-Continental American Medical Congress.

Resolved, That the Committee on Nominations be and is hereby instructed to nominate one member for each State and Territory, and one from the Army, Navy, and Marine Hospital Service, who shall constitute a committee, which is hereby instructed to effect a permanent organization of the proposed Inter-Continental American Medical Congress, and to determine the time and place at which the same shall be held.

The resolutions were seconded by Dr. Wm. H. H. Pancost and others, and unanimously adopted. Pursuent to the foregoing the following Committee was nominated and elected:

Ala., W. H. Sanders, M. D.; Ariz., Henry A. Hughes, M. D.; Ark., Ed. Bentley, M. D.; Cal., W. R. Cluness, M. D.: Colo. Wm. Campbell, M. D.; Conn., C. A. Lindsley, M. D.: Del., C. H. Richards, M. D.; D. C., D. W. Prentiss, M. D.; Fla., C. R. Oglesby, M. D.; Ga., J. McFadden Gasten, M. D.; Idaho, Geo. P. Haley, M. D.; Ill., N. S. Davis, M. D.; Ind., A. M. Owen, M. D.; Iowa, B. H. Criley, M. D.; Kan., J. E. Minney, M. D.: Ky., J. N. McCormack, M. D.; La., Stanford E. Chaille, M. D.; Maine, Hampton E. Hill, M. D.: Md., Geo. H. Rohe, M. D.; Mass., Augustus P. Clarke, M. D.; Mich., C. Henri Leonard, M. D.; Minn., P. H. Millard, M. D.; Miss., W. T. Kendall, M. D.; Mo., I. N. Love, M. D.; Mont., Thos. J. Murray, M. D.; Nebr, R. C. Moore, M. D.; Nev., P. J. Aiken, M. D.; N.H., Irving A. Watson, M. D.; N. J., E. J. Marsh, M. D.; New Mex., C. E. Winslow, M. D.; N. Y., John Cronyn, M. D.: N. C., H. Longstr't Taylor, M. D.; N. D., E. M. Dorrow, M. D.; Ohio, Charles A. L. Reed, M. D.: Oregon, Wm. Boys, M. D.; Pa., Wm. Pepper, M. D.; R. I., Geo. L. Collins, M. D.; S. C., R. A. Kinloch, M. D.; S. D., J. W. Freeman, M. D.; Tenn., J. R. Buist, M. D.; Tex., J. W. Carhart, M. D.; Utah, F. S. Bascom, M. D.; Vt., H. H. Holton, M. D.; Va., J. S. Wellford, M. D.; Wash., J. M. Morgan, M. D.; W. Va., J. H. Roownfield, M. D.; Wis., J. T. Reeve, M. D.; Wyo, J.H. Finfrock, M. D.; U. S. N. A., L. Gihon, M. D.; U. S. M. H. S., J. B. Hamilton, M. D.

WM. T. BRIGGS, M. D., President,
WILLIAM B. ATKINSON, M. D., Permanent Secretary,
Office Permanent Sec'y American Medical Association, Philadelphia.

The Committee appointed by the American Medical Association to effect a permanent organization of the Inter-Continental American Medical Congress, met at "The Arlington," Washington, May 7, 1891. The following officers were elected; Charles A. L. Reed, M. D., Cincinnati, O., Chairman; J. W. Carhart, M. D., Lampasas, Texas, Secretary; I. N. Love, M. D., St. Louis, Mo., Treasurer. On motion, the officers were appointed a special Committee to draft a Constitution, and report the same at an adjourned meeting of the general Committee, to be held at St. Louis, Mo., Wednesday, October 14, 1891, when the time and place of meeting of the Congress will be decided and permanent officers be elected.

CHARLES A. L. REED, M. D., Chairman,
J. W. CARHART, M. D., Secretary.
Office Chairman Committee on Permanent Organization, Inter-Continental American Medical Congress, Cincinnati.

THE INFLUENZA OF 1890 AND A DEPRESSED TONE OF HUMAN VITALITY.

In our Edinburgh correspondent's notes last week interesting extracts were given from the report submitted by Dr. Clouston upon the Royal Edinburgh Asylum for the past year. They had reference more especially to some evidence produced by Dr. Clouston as to the existence of an exceptionally low tone of human vitality during the year 1890, in relation to the epidemic of influenza. Whether it was the influenza in the early part of the year that had perceptibly lowered human vitality, or whether the prevalence of the enfluenza merely showed that European humanity was in a lowered state of vitality, so being a fit nidus for the influenza germs to propagate in, or whether it was the sunless, summerless general character of the year, Dr. Clouston could not say. He distinctly connected, however, the influenza in some way with the unprecedented number of melancholic patients sent to Morningside Asylum. He goes on to say, and we think with truth, that he believes the epidemic of influenza left the European world's nerves and spirits in a far worse state than it found them, and that they scarcely yet had recovered their normal tone. Many others have expressed themselves in the same sense, and we look upon the subject as one of deep interest. An excellent opportunity will be given our asylum superintendents, at this season of preparation of their annual reports, to confirm or otherwise this expression of opinion on the port of Dr. Clouston.—*Lancet.*

A PROTEST AGAINST LICENSED PROSTITUTION.

A memorial has been presented to the Japanese Parliament, praying for the abolition of licensed prostitution in the empire. It is contended by the petitioners that the system encourages immorality, debases woman, and promotes, rather than hinders the spread of venereal disease. There never was a measure, the memorial states, which showed more plainly the sex that devised it than this system of license, and never one which showed more the brutal side of man's nature. It is a scheme to protect man in his baser impulses at the expense of woman; and society is corrupted in the effort.—*Med. Rec.* June 27.

SULPHIDE OF CALCIUM IN PHTHISIS.

Dr. Witherle [*La Clinique*] claims to have obtained good results in the treatment of phthisical patients by the internal administration of sulphide of calcium. He commences by giving a pill containing $\frac{1}{2}$ grain of the sulphide every two hours, and he gradually lessens the intervals between the doses until eructations or other symptoms of gastic irritation show that the limit has been reached. In most cases patients were able to take two pills every hour, and their general condition in every instance appeared to improve. This is, in reality, an indirect method of introducing sulphuetted hydrogen into the blood, and the principle is the same as that underlying Bergeon's treatment.—*London Med. Record.*

IODOFORM GAUSE IN POST-PARTUM HÆMORRHAGE.

Dr. Velitz, of Buda-Pesth (*Orvosi hetilap*, 1890, Nos. 10 to 12) describes thirteen cases where he employed plugs of iodoform gauze for flooding, during and after delivery, and (in two cases) in the course of the puerperium. He finds that iodoform gauze is a perfectly aseptic medium in obstretrics. It is of permanent value as a hæmostatic in flooding from atony of the uterus. Only a small amount of the gauze should be packed in the uterus, so that retraction of that organ may not be hindered. Iodoform gauze is useless, and indeed dangerous, in uterine hæmorrhages due to abnormal condition of the blood. Being hygrometric it pro-

motes hæmorrhage. In this form of flooding weak solutions of perchloride of iron act best. Hæmorrhage from high laceration of the cervix can only be safely checked by aid of the suture. When bleeding occurs after delivery or late in childbed, through the presence of a fibroid, the only effectual check is a thorough plugging of the uterine cavity with iadoform gauze; the cavity must be well stuffed with that material.—*Brit. Med. Jour.*

Medical Items.

The Chicago Medical College will expend $100,000 in rebuilding during the present year.

Sir Andrew Clark, of London, said: "I worked twelve years for bread, twelve for butter, and twelve more for the luxuries of life."

Calcium sulphide in doses of the one-hundreth of a grain, will check the formation of pus in boils, while that result will be hastened by the use of one-half a grain.—*Ex.*

By the will of the late Dr. Fordyce Baker, the New York Academy of Medicine is to receive all the works in his library relating to obstetrics, gynecology, and the diseases of children.

The Treasury Department has decided that a statue of the late Samuel D. Gross, which the American Surgical Association proposes to erect at Washington, D. C., may be admitted duty-free.

The Trustees of the Fiske Fund have awarded a prize of $300 to Dr. Robert W. Lovett, of Boston, for an essay on "The Etiology, Pathology and Treatment of Disease of the Hip Joint."

Dr. Hans von Steinan—Steinrück of Berlin has been appointed to the post of directing Medical Officers of the Medical Department of the Bethanian Hospital, vacant by the death of Dr. Goltdammer.

The Mississippi Valley Medical Association will hold its seventeenth annual session at St. Louis, October 14, 15, and 16, 1891. The medical profession is respectfully invited to attend the meeting.

There is a prospect that the State of Pennsylvania will give the Medico-Chirurgical Hospital $70,000 to enlarge its buildings; the Legislature has passed the bill which only awaits the signature of the Governor.—*Med. Rec.*

A new medical law has passed the French Chamber of Deputies by which no one shall be allowed to practise medicine granted by the Government after examination passed before a State institution of superior medical education.—*Med. News.*

Prof. J. B. Hamilton, who conjointly with Prof. Nicholas Senn, is to occupy the Chair of Surgery at Rush Medical College, Chicago, was introduced by his honored confrère, Prof. Senn, to a mixed audience of professors, practitioners, and students at the Surgical Clinic of Saturday, June 13.

Prof. Hamilton enters a large and well-organized clinic and the lustre it already holds will scarcely suffer at the hands of the two distinguished surgeons who will hereafter have its care.—*Jl. Amer. Med. Asso.*

The following method for the removal of tapeworm is said to be very effective: Fast one day, and on retiring take a couple of compound cathartic pills. The first thing next morning take a dose of Rochelle salts, and after a complete watery

stool take two or three ounces of cold decoction of fresh pomegranite bark. If thrown up by the stomach, repeat the dose in a couple of hours.—*Ex.*

At the one hundred and twenty-third annual commencement of Brown University the honorary degree of Doctor of Laws was, among others, conferred upon Dr. William Williams Keen, Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College. In thus doing deserved honor to a distinguished alumnus, Brown University has added to its own laurels.—*Med. News.*

The Medical Society of Franklin county, Pennsylvania will hold a meeting, to be followed by a banquet, at Chambersburg, July 21, 1891. Dr. John Montgomery will deliver an address of welcome. Dr. D. F. Unger will present "Observation on Cancer." Dr. Geo. S. Hull will consider "What the Eye Reveals to the Physician Concerning General Diseases." Dr. I. N. Snively will report upon "Some Unique Surgical Operations."

At the recent meeting of the Kentucky State Medical Society the officers elected for the ensueing were as follows: President, Dr. Hawkins Brown, of Hueston-ville; First Vice-President, Dr. B. L. Coleman, of Lexington; Second Vice-President, Dr. John Young Brown, of Henderson; Treasurer, Dr. J. B. Kinniard, of Lancaster; Board of Censors, Drs. B. W. Stone, of Hopkinsville; Chas. Mann, of Nicholasville, and S. W. Willis, of Winchester. Louisville was chosen as the place of the next meeting; time not decided on.

The medical department of Tulane University was made, June 12, the recipient of a generous donation from Mrs. Richardson, wife of that eminent physician and dean of the college, Dr. T. G. Richardson, of $100,000. The entire donation is intended to be used in erecting a new college on Canal street, between Villere and Robertson, the site for which was bought a few days ago for $35,000 by the Educational Board. The faculty of the medical department of the university has selected Dr. Edmond Souchon, professor of anatomy and clinical surgery, as the representative of the faculty in the selection of the proper sort of building for the purpose intended. Dr. Souchon will leave in a few weeks for the North and East to examine various colleges to guide him in the selection of a building that will be best suited to the wants of the local institution.—*Jl. Amer. Med. Asso.*

We have a little more exact information in regard to the union of the New York College of Physicians and Surgeons with Columbia College, which has not hitherto been published, than we had in our last issue. It is true, as we supposed, that the old College found that even the gifts of the Vanderbilt family were not sufficient to enable the faculty, with all the fees of their large classes, to run the institution in a proper manner. Doctors have borne deficits enough in New York City for the sake of honor and fame, and we suppose the faculty of the College of Physicians and Surgeons were not willing to make up the large sum necessary to furnish advanced medical education in the beautiful buildings so generously given to them. The seven regular professors are to receive $7,000 a year, not $7,500 as we stated, and this arrangement is to last for ten years. The Medical Faculty have the right of nominating persons to fill vacancies in their departments. It has not yet been settled as to whether, under the union, the new faculty shall be called the Faculty of Physicians and Surgeons or the Faculty of Medicine. Certainly, as we said before, the union is a great gain for medical education in this country. In one medical college, at least, the Faculty may dare to be thoroughly independent in dealing with students.—*The Post-Graduate.*

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VOL. XXV. No. 11. BALTIMORE, JULY 11, 1891. NO. 537

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Original Articles.

ACUTE MILIARY TUBERCULOSIS TREATED WITH KOCH'S TUBERCULIN.*

BY JOHN C. HEMMETER, M. D., PHIL. D., OF BALTIMORE.

On January 30th, 1891, the writer was called to attend a case of very sudden high fever in a young lady aged 16 years. The thermometer indicated a temperature of 105.5 on the first visit; among other symptoms there were, loss of appetite, dullness, severe headache. Notwithstanding the high fever, the complexion was markedly pale, the lips and tips of the ears cyanotic. The patient had for over a year been afflicted with aphonia; at the time she was first seen, her voice was scarcely above a whisper. The bowels had been regular up to the attack; there was no tympanites, no abdominal tenderness or gurgling, no rose spots; the spleen and liver were enlarged to percussion. There were no evidences of physical changes in the lung except those of an intense bronchial catarrh. The pulse was 128, respiration 48. Since there were no other local affections to be discovered to explain the symptoms, the writer suspected typhoid fever and concluded to await further development. The therapy consisted of antipyretic agents, a supporting stimulating diet and baths. During the first week, notwithstanding systematic nursing and bathing (whenever the mercury rose above 103°), the temperature rose to 105, within one hour after the bath. The bowels became constipated.

*Read in part before the Medical and Chirurgical Faculty of Maryland, April 28, 1891.

The tongue remained remarkably clear and healthy looking. There were numerous round and small and medium sized rales all over the right lung.

During the second week the fever remained high and even rose to 106° and cerebral symptoms appeared, there was loss of consciousness preceded by disturbances of sight, diplopia and disturbances in the innervation of the ocular muscles. On the 12th day after the beginning of the fever there were still no abdominal symptoms and physical examination of the lungs gave no definite results except evidence of bronchitis. On the 15th day a soft pleuritic friction sound was detected at the base of the right lung. The temperature on this day varied between 104–106, at times going down to 100, which was as a rule the result of bathing.

The tongue was surprisingly clear up to this date, the complexion intensely pale, with a definite cyanotic hue. By this time the doctors' attention was called to a sister of the patient who began ailing with a lung trouble which on examination revealed a consolidation of the left apex; the expectoration of this girl contained bacilli. It was also determined that the father of these patients had died with pulmonary tuberculosis and a brother with tubercular meningitis. It was desirable to obtain some sputum of the patient with the high continued fever, but in the comatose condition she swallowed all of the expectoration. Another very careful examination of the lung gave a negative result as regards consolidation. Almost every positive evidence was wanting except that of pleurisy at the base of the right lung. The contrast between the labored breathing and dyspnœa and the insignificance of the physical signs was inexplicable. As there were still no signs of enteric fever and no possibility of examining for bacilli, I confessed myself unwilling to make a definite diagnosis and expressed the necessity of consultation.

Dr. I. E. Atkinson examined the patient very thoroughly on the 23rd day of the disease, inquired from the family into the history of the case, with the condition of the evacuations and urine, and concluded from the result of his study that we had before us undoubtedly a case of acute general tuberculosis. As the relation had insisted on knowing the prospects of the patient, an absolutely fatal prognosis was given.

Two days after Dr. Atkinson had made his examination, some of the thick, yellow glue-like expectoration was obtained by wiping it out of the patient's mouth: it contained an abundance of bacilli and some little elastic tissue with red blood corpuscles. The bowels were still costive, the urine contained traces of albumen. The patient had now been comatose for seven days.

On the 26th day, it was impossible for me to see the patient; a Dr. C. W. Mitchell paid the visit for me, making an examination. It might be said right here that Dr. Mitchell made a careful microscopic examination of the sputum later on and also found tubercle bacilli in it.

On the 23rd day of the disease, after Dr. I. E. Atkinson and myself had arrived at the diagnosis, the treatment with parataloid was begun, the patient being as a rule comatose, answering to questions however when aroused, was fed on liquid peptones and milk punch occasionally per rectum, when capable of being aroused by warmth. During the first reactions from the tuberculin, the temperature, notwithstanding cold baths, hypodermics of the bimuriate of quinia, etc., continued to stand at 106 for two hours. The first injection consisted of .5 milligram of the 1 per cent. solution of parataloid. At the 3rd injection there followed in the period of reaction an epistaxis. The blood being treated like sputum with Ziehl's carbol fuchsin and subsequent methyline blue and sulphuric acid stain

showed bacilli, 9 to one field of the Zeiss $\frac{1}{12}$ homogeneous immersion. At the 4th injection the reaction went to 104. In the reaction from the fifth injection the patient passed about 2 pints of urine which was thick with blood.

A second consultation with Dr. I. E. Atkinson was held two weeks after the first; the patient had in meanwhile received 12 injections; the last contained 2 ctg. of parataloid. Consciousness had returned. Dr. Atkinson on making another careful study of the case discovered what had escaped me, a tumor about the size of a goose egg to the left of the umbilicus and about one inch below. The possibilities of impacted fæces, malignant growth, floating kidney, uterus or enlarged ovaries were excluded and it was made probable that what Prof. Atkinson had found was an enlarged tuberculous mass of mesenteric glands. Dr. Mitchell on being requested to see the case for a second time, agreed with us on this point.

Injections into the tumor of parataloid have so reduced its size that to-day it is felt as a nodule about $\frac{3}{4}$ in. broad and 1 in. long. Below the tumor the abdomen was somewhat puffy in an area about 3 inches square, tough fibrous bands could be felt, as if they were in the peritoneum, running from the linea alba to the ant. sup. spin. process. As there seemed to be some fluctuation, the region was punctured with sterilized hypodermic; the fluid showed blood corpuscles, no bacilli. About this time Dr. Ed. F. Milholland was invited to examine the patient; he did so and inquired about the history from the family and believed that the patient was suffering from acute miliary tuberculosis.

The only positive criterion enabling one to draw a line between typhoid fever and acute general tuberculosis is the demonstration of the Eberth bacillus. There is no more difficult thing to establish than this, as the bacillus of tuberculosis and that of typhoid fever can not be differentiated by staining; the only positive proofs of the presence of the typhoid bacillus are its peculiar growth on sterilized potato and the negative result on subjecting suspected cultures to the so-called indol reaction. The recognition of a characteristic growth upon sterilized potatoes is a matter requiring much experience, however, and in addition to this, the fæces of this patient were as a rule hard and not in the least resembling typhoid evacuations. To make the indol test, a pure culture was necessary from the fæces. This again was next to impossible from the nature and consistency of the fæces, the amount of work involved and the certain presence of tubercle bacilli in the fæces derived from swallowed expectorations. Concerning this test we might insert in parenthesis, that all pure cultures of bacteria occuring in fæces, spring, river and canal water give a rose-red coloration to the following treatment, viz.: 10 cub. cent. of peptonized alkaline bouillon are inoculated with the suspected culture and allowed to remain 24 hours in a temperature best suited for the culture of the bacteria. Then 1 cub. cent. of a potassium nitrite solution (0.02 pot. nitrate to 100 water), and after this, 2 to 3 drops of concentrated sulphuric acid were added If indol is present a red color appears. This color does not appear in case of pure cultures of typhoid bacilli. Strümphel holds that miliary tubercles are demonstrable in the choroid by means of the ophthalmoscope in acute general tuberculosis. The consultation of an experienced ophthalmoscopist was refused by the family of the patient, on the ground that four physicians had already observed the case and there seemed to be perfect agreement regarding its nature. As the injections of tuberculin were continued, a stronger injection being given every second day, the patient's general condition improved more and more. After this treatment had been kept up for six weeks, Dr. A. C. Abbott examined the sputum of the patient. He was sup-

plied with two kinds of sputum—one kind from the expectoration on days when an injection of tuberculin had been given, another kind from expectoration on days when no injection had been given. Dr. Abbott found tubercle bacilli in the sputum from days on which the patient had been injected, none in the other sputum.

The amount of the injection was increased until the patient received 150. milligrams per diem without reaction of any kind. The disease began January 30th, 1891. The patient was discharged on May 20th, 1891, to sojourn to the mountains. She had gained very much in weight, had not coughed or expectorated in four weeks. There were no evidences of pulmonary disease to auscultation and percussion except an area of dullness over the lower lobe of the right lung, posteriorly; the breathing over this region was vesicular. The dullness was supposed to be due to a thickened pleura. The tumor to the left and below the umbilicus was still discernible on using moderate pressure. It can hardly be called a tumor; it feels like a small hard nodule, or an enlarged lymph gland, about ½ inch broad and ¾ inch long. The voice is very husky but at times clear. Owing to these latter signs the patient was not pronounced cured, but will be kept under observation.

Whatever view we take of the etiology of tuberculosis, we will not be much aided in diagnosis—anatomically the disease is an extremely abundant development of miliary tubercles in a compararatively short time in many organs of the body. It has been compared to an overfilling of the body with tubercle bacilli, which in some way reach the different organs at the same time and there give rise to the eruption of tubercles. A long time ago† Buhl advanced the hypothesis, that a cheesy focus could be found somewhere in the body in every case of acute miliary tuberculosis, and that the general infection of the body resulted from the absorption of these caseous masses by the blood. Ponfick first found in some of these cases an extensive tuberculosis of the thoracic duct, with destruction of the tubercular new growth. It is easy to see how in this way a large amount of tubercular material could be brought directly into the circulation from the free communication of the lymph duct with the subclavian vein. Still more frequently, however, the tuberculosis of the large venous trunks, discovered by Weigert, especially of the pulmonary veins, seems to be the starting point. Usually there are tubercular lymph glands, or sometimes other foci of tubercular disease, which unite with the wall of a neighboring vein, gradually break through it and project into its lumen. If caseation or ulceration result in this spot the infectious material is of course constantly washed off by the blood current and carried to other organs. Since such a tubercular focus like a tubercular bronchial gland may remain for a long time entirely without symptoms, we can understand how miliary tuberculosis may break out in an acute form in persons who previously seemed perfectly well. In other cases the patient has already suffered from some tubercular affection until suddenly the conditions occur somewhere in the body which lead to development of miliary tuberculosis. Thus we see it break out in a patient who has had ordinary phthisis, though it is one of the rarities in advanced phthisis. Miliary tuberculosis is a rather frequent sequel to pleural effusion in tubercular patients; miliary tuberculosis is seen in people with old tubercular affection of bones and joints, like coxites and vertebral caries, with tuberculosis of the genito-urinary organs and lymph glands. In all such cases of course the tubercular affection which is discovered during life need not always be the source of the general miliary tuberculosis, but the discovery of the existence of such an affection is of greatest significance in the diagnosis, as in this way our attention is directed to the possibility of general tubercular affection.

† We quote from Strumphel.

FOUR CASES OF DIPHTHERITIC LARYNGITIS IN WHICH INTUBATION WAS PERFORMED WITH ONE RECOVERY, AND ONE CASE OF RECOVERY WITHOUT OPERATION.

BY J. W. HUMRICHOUSE, OF HAGERSTOWN, MD.

CASE 1.—Kitty McC., aged six years, was taken sick December 26, 1890. When I made my first visit on above date, two small patches on left tonsil and one on right were seen. The voice was changed, being sometimes muffled, but becoming rather clear when an unusual effort to talk was made.

For the throat a twenty-five per cent. solution of Marchand's peroxide of hydrogen was ordered to be freely used as a wash and gargle, and for the larynx the frequent inhalation from a steam atomizer of a mixture of trypsin and bicarbonate of soda. Ten drops of tincture of chloride of iron in half an ounce of sherry wine were given every three hours. During the following six days the patches on tonsils became smaller, but the symptoms of laryngeal stenosis became gradually more and more pronounced.

Jan. 2nd. The child's breathing could be heard all over the room. On the morning of this day, the seventh of the sickness, to avert impending death from suffocation an O'Dwyer tube was put into the larynx and the operation was followed by immediate relief. After resting two hours the little patient managed to take two ounces of milk by slowly drawing it through a nipple from a nursing-bottle. She drank it lying down, with her head lower than her body. She slept well this night.

Jan. 3rd. There was a violent coughing spell attended with such dyspnœa that the nurse thought the child would be suffocated. Fortunately, however, three large and thick pieces of membrane were coughed through the tube.

Child begged to be allowed to drink water from a glass. She succeeded by sipping it slowly. After this attempt, beef juice, milk, and the iron and wine were taken in a sitting posture.

Jan. 4th. After spraying the throat there was a paroxysm of coughing which ended with the expulsion through the tube of a thick curled up piece of membrance. In this paroxysm the nurse suspended the child, head downwards, and slapped the chest, in order to force out the tube. It remained fast, however and its lumen became cleared of the obstruction before I arrived.

Jan. 6th. On the fourth day after its insertion the tube was removed. Immediately the breathing became distressed; so much so, that after waiting half an hour I was obliged to put it back in the larynx.

Jan. 8th. Another piece of membrane was coughed up. Urine at this date contained albumen and casts. Temperature throughout the sickness ranged from 99 to 102.

Jan. 10. Took tube out after being in larynx eight days. Child from this time had no further trouble.

CASE II.—Nov, 15th. 1890, was called to see Clarence H., six years old. Two days previously Dr. Brotemarkle had diagnosed diphtheria and the child had been sick five days before his visit. At the time of my visit the respiration was so labored, the cyanosis and restlessness so marked, that it was apparent that relief could only be afforded by operative interference. Intubation accordingly was done on the eighth day of the sickness and caused the disappearance of the stridor, the cyanosis and the restlessness. The parents thought the boy would now certainly get well.

Nov. 16th. Breathing easy, with no symptoms of obstruction in larynx, and no rales in bronchi. Pharynx, however, covered with membrane.

Nov. 17th. The tenth day of his sickness the patient showed great weakness. He could not be induced to take enough nourishment. A part of the fluids given produced cough. He wanted me to extract the tube. Hoping that stimulants and food would be taken more freely after the removal of the tube, it was extracted after having been in the larynx two days. Unfortuuately this did not prove to be the case and a few hours after the extraction the patient suddenly expired.

False membrane covering tonsils and pharynx was present in this case throughout its whole duration. Its persistence, the pallor of the boy's face, and his great weakness, showed how profoundly he was affected. He escaped death by strangulation to die on the eleventh day from exhaustion.

In addition to the above cases I will refer to two reported in the MARYLAND MEDICAL JOURNAL, March 10, 1888. One was a boy two years and ten months old, who on the sixth day showed all the distressing signs of obstruction to breathing; cyanosis, drawing in of the parts above clavicles and between ribs upon inspiration, and restlessness, which were immediately relieved upon the insertion of an O'Dwyer tube. After the operation he slept the whole night and the following morning took semi-solid food. Crushed ice he could swallow, but when he tried to drink water some of it would get into the tube and cause cough. He died about 36 hours after the operation from broncho-pneumonia.

The other case, a boy eighteen months old, died three days after relief of laryngeal symptoms by intubation. Death, we thought, was caused by extension downwards of the membrane on account of absence of bronchial rales, and the presence of cyanosis and hurried breathing. The tube was extracted twice in the three days in order to ascertain whether it was clogged and also for the purpose of giving food.

CASE V.—Julia McK., four years old, had sore throat and croup four days before I saw her, Oct. 7, 1889. Tonsils covered with membrane, voice reduced to a whisper, respiration very much embarrassed upon exertion, were observed at visit. Treatment consisted in the alternate use of antiseptic and solvent sprays from steam atomizers every fifteen minutes during the day, and as often as possible during the night, and the administration internally every two hours of $\frac{1}{18}$ grain bichloride of mercury with five minims tincture of chloride of iron, and two teaspoonsful of whiskey with milk every three hours. Two or three doses of medicine were vomited bringing up pieces of membrane. The bichloride was discontinued after three days. On the morning of the seventh day I left the patient, with the intention to return in half an hour prepared to do intubation. To my relief, however, the symptoms of laryngeal stenosis had subsided, and although always thereafter present to an extent that made me uneasy, yet not sufficiently so to justify intubation. The child recovered after an illness of fifteen days. It's recovery I consider due to the constant, almost continuous inhalation of steam impregnated with solvents, as trypsin and bicarbonate of soda, which softened and loosened the membrane in larynx and trachea so that it was easily coughed up. We have endeavored to show in the four cases that intubation was done to avert death from laryngeal stenosis, that death from this cause was averted, and that great relief followed the operation even in the cases ending fatally.

Having presented tubage of the larynx in its favorable aspect, we will consider two objectionable features pertaining to it; one, the passage of fluids into the

tube in the act of swallowing, the other the want of expulsive power in coughing. In the first difficulty a part of the liquid food taken, such as water and milk, runs down through the tube into the lowest part of the trachea, where it excites violent coughing attended sometimes with vomiting, which if often repeated exhausts the child and finally makes it unable or unwilling to take nourishment.

The second difficulty, the want of expulsive power in the cough, is caused by the glottis being occupied by an open tube, which offers no resistance to the action of the diaphragm, thereby preventing compression of the air in the chest and its sudden and forcible discharge. Schluckpneumonie, catarrhal, lobular or bronchopneumonia are thus sometimes mechanically caused by the failure to remove irritating and obstructing matters from the bronchial tubes by means of coughing.

All cases are not seriously affected by these difficulties. Some children learn to overcome them. In our successful case the tube was in the larynx eight days and the child learned to swallow milk, water, sherry wine and semi-solid food; it also had coughing spells strong enough to expel through the tube several large pieces of tough membrane.

To do away with the trouble in deglutition various procedures have been recommended. Dr. O'Dwyer and Dr. Dillon Brown approve the plan of feeding suggested by Dr. Casselberry, of Chicago, in which gravitation of fluids into the tube is overcome by placing the head of the patient lower than the body. Dr. J. Mount Bleyer advises the use of the stomach tube. By feeding without it he says you will stop up the canula in larynx and produce Schluckpneumonie.

It has been his custom in many of his late cases to extract the tube from the larynx every day to cleanse it, and after extraction to offer food. The risk of pushing down membrane before the distal orifice of the tube does not deter him; he lessens it by using the laryngoscope. Dr. S. J. Meltzer, of New York, advises the introduction of a soft catheter into the stomach through the nose, to be left there permanently. By means of a small funnel rubber tubing nourishment is administered.

Of course as in other diseases where there is difficulty in swallowing rectal feeding is resorted to. Milk, expressed juice of beef, whiskey, as injections every three or four hours in the quantity of an ounce or two are generally tolerated for a long time.

Other embarrassments and dangers which I in my limited experience have not encountered, but which are often referred to, such as pushing down membrane before tube, apnœa from repeated and futile attempts at introduction, the making of a falsepassage, and the putting the tube into the œsophagus, it is not necessary morethan to allude to.

ASTHMA.

℞.—Tinct. Stramonii	. . . .	℥ ij.	
Tinct. lobeliæ æther	. . . .	℥ j.	
Potass nitras	. . . .	ʒ j.	
Spts. æther Nit.	. . . .	ʒ ss.	
Tinct. aromat	. . . .	ʒ ss.	
Aquæ chloroformæ	. . . .	℥ ij.	M.

Sig. Two tablespoonsful at bed-time and one if difficulty of breathing comes on.—*Jour. Amer. Med. Asso.*

HOW TO USE MYDRIATICS.†

BY EDWARD JACKSON, M. D.,

Professor of Diseases of the Eye in the Philadelphia Polyclinic; Surgeon to Wills Eye Hospital, etc.

The present purpose is to discuss methods, not indications, for using these drugs; but in passing, it is worth repeating, since it is so often forgotten, that remedies of this sort are too powerful to be used indiscriminately. If one has not been able to make a positive diagnosis in a case of ocular inflammation, to clearly recognize the indications, and to definitely exclude the contra-indications, for one of these drugs, he should let them alone, and confine his hit-or-miss prescribing to such agents as boric acid, or weak solutions of common salt, whose power for harm is really very slight.

These drugs are applied to the eye for their direct influence on the cornea, iris or ciliary body. In either case they must be absorbed through the cornea, the lymph streams of which are in close relation with those of the anterior chamber. Any portion of the drug that may be absorbed from other parts of the conjunctival sac is carried into the general circulation without coming in contact with the structures it is intended to influence. Any solution placed in the conjunctival sac is almost immediately diluted by the lachrymal secretion present; only the part with which it first comes in contact receives it of full strength. Now, if the amount of fluid instilled is very large as compared with the amount of tears diluting it, the dilution is of very little importance. But instillations of large amounts of mydriatic solutions are not advisable, because they give the maximum of absorption into the general circulation with the minimum of effect on the eye. And one thing to be constantly guarded against in the use of mydriatics is the excess of constitutional action. Therefore, a mydriatic solution used in the eye should be instilled so as to come immediately in contact with the cornea while of full strength; that is, it should be placed at the upper margin of the cornea, allowed to flow over the surface of that membrane, and the closure of the lids prevented as long as possible, to allow absorption to occur before the fluid is swept away by the movements of the lids and diluted with the tears.

Instilled in this way, the concentration of the solution when it comes in contact with the corneal tissue, and consequently the amount absorbed, may be ten times as great as if the single drop of the same solution had been placed in some other part of the conjunctival sac. Thus applied, a very small drop of of solution suffices to bathe the whole cornea. A dropper giving a small drop is therefore to be chosen. One is readily obtained with a small point that will drop half-minims, or even less. The use of such a dropper allows the employment of stronger solutions than would otherwise be safe to employ, or a larger number of instillations may be made in the same space of time without producing symptoms of mydriatic poisoning.

It is by attention to such a minute point of technique that one surgeon will at once secure the dilation of an inflamed iris, or the complete relaxation of the accommodation under homatropine, where another less careful will fail to attain the end sought, or to give relief to his patient. And even where the utmost power of the mydriatic does not need to be exerted, to obtain the effect that is required with the least danger of constitutional symptoms, or with the minimum of constitutional disturbance, is a very important point; for these symptoms, although

†Read before the Philadelphia County Medical Society, June 24, 1891.

really not indicating any danger to life, are extremely annoying and alarming to the patient. They occur quite frequently after the use of mydriatic solutions, and such occurrence has much to do with the objection of patients to the use of mydriatics in the diagnosis of ametropia.

The strength of the solution of one of these drugs to be used in the eye varies with the purpose for which it is used. To break up the adhesions in a case of iritis, the stronger mydriatics are to be employed and in strong solution. As atropine sulphate 1 to water 50, or about 10 grains to the fluidounce; daturine sulphate 1 to water 100, or about 5 grains to the fluidounce; duboisine sulphate 1 to water 100; or about 5 grains to the fluidounce; hyoscyamine sulphate or hydrobromate 1 to water 100, or about 5 grains to the fluid-ounce. The effect of either of these solutions may be somewhat increased by using cocaine with it. But the patient should not be intrusted with the cocaine solution for home use, because the temporary comfort it gives, in many cases, leads sometimes to dangerous excess. Either of the above solutions is to be used one small drop in the eye at a time at intervals of ten minutes until the dilatation of the pupil is secured, and then at such intervals as may be necessary to maintain such dilatation; and continue three times daily until it can be replaced by a weaker solution. In making the mydriatic attack on a case of plastic iritis, it is to a certain extent, simply a question of whether we can get enough of the mydriatic into the eye without getting too much into the general circulation. And to accomplish this we must prevent the solution from making its way into the tear passages, and so being absorbed from the respiratory and digestive tracts, as well as from the conjunctiva. For this purpose it is often recommended to make pressure on the inner canthus. But such pressure is quite ineffective. Even the placing of a little clamp on each canaliculus, as proposed by Dr. Tansley (*Trans. Amer. Opthalmological Society*, 1888), does good mainly by the displacement of the puncta that it causes. The most effective means is to so draw on the skin of the lids as to evert the puncta, and hold in contact with them a small pledget of dry absorbent cotton. This will prevent the passage of any fluid from the eye into the lachrymal sac, and permit us to apply the mydriatic vigorously to the cornea.

For paralyzing the accommodation of the eye, solutions of the same drugs of about half the above-mentioned strengths may be instilled three or four times daily.

Probably a single efficient instillation of this kind, or at most two or three would be sufficient to produce complete paralysis of the accommodation in almost every case, with the eye in anything like normal condition. But frequently the instillation must be intrusted to unskilled hands, and so may produce but a small fraction of its full effect, and in a few cases the active hyperæmia, caused by the mydriatic and involving the anterior segment of the globe, may increase the difficulty of attaining complete ciliary paralysis; so that it may be necessary to continue such applications for some days.

For simply paralyzing the accommodation, however, our most valuable agent is homatropine, commonly used in the form of the hydrobomate. Of this a 2 or 3 per cent. solution, ten or fifteen grains to the fluidounce, should be instilled every five or ten minutes until at least four effiicient applications have been made. Used in this way I have found it a perfectly reliable and efficient paralyzant of the accommodation, even in the presence of high grades of retino-choroidal irritation and general hyperæmia of the eye. But we have not with this drug the excess, or reserve of power to control the ciliary muscle, that is possessed by the

other mydriatics named. Every instillation or at least a sufficient number of them must be efficient. The cornea must have the chance of absorbing the solution at nearly its full strength; and for that reason the application of the drug must be intrusted only to skilled hands, usually attended to by the surgeon himself.

To bring about simple dilatation of the pupil or choice of the drug will be determined by whether the dilatation is to be long sustained as a measure of treatment, or only temporary, as for purposes of diagnosis. In the former case atropine is to be used, in the latter homatropine or cocaine. Atropine or homatropine should be employed in a solution one-tenth the strength of those used for paralyzing the accommodation, or even weaker than this. The atropine to be repeated as often as the pupil contracts again, say once every one, two or three days; tho others, of course, used only the once.

Cocaine, which is of especial value as a dilator of the pupil, is to be used in solutions of the ordinary strength ordinarily employed for producing local anæsthesia of the eye, that is, 2 to 4 per cent. But the instillation must be made at least thirty minutes; often an hour, before the dilatation is desired. The anæsthetic action often having quite passed away before the dilatation of the pupil becomes noticeable, and repeated instillations do not very greatly hasten this dilatation. As a paralyzant of accommodation cocaine has very little power, and by itself is not at all valuable for the purpose. But it can sometimes be advantageously combined with homatropine. Here the frequent repetitions of the instillation, as in the case of iritis, give the advantage of local anæsthesia, greatly lessened resistance on the part of some patients, and prevention of the excessive secretion of tears that follows each instillation of homatropine alone, and by dilution of the solution lessens the intra-ocular effects produced, as well as an apparent hastening of absorption. For this purpose the solution may be made with 2 or 3 per cent. each, of cocaine and homatropine.

The instillation of a strong solution of any of the mydriatics causes a pericorneal hyperæmia, which, though not serious, is sometimes alarming to the patient or his friends. This phenomena I pointed out in a paper on homatropine, published in *The Medical News*, July 18th. It is especially liable to occur from the use of homatropine, because this is more likely to be used in stronger solutions. The combination with cocaine lessens this tendency to a considerable extent.

A LOTION FOR THE ALOPECIA FOLLOWING ACUTE DISEASES.

The following formula is given (*L'Union Médicale*, April 23, 1891) as a preventive of the alopecia which is observed during convalescence from grave acute diseases:

℞.	Alcohol, 80 per cent.	2½ ounces.
	Camphorated alcohol	1¼ drachms.
	Rum	1¼ drachms.
	Tincture of cantharides	1¼ drachms.
	Glycerine	1¼ drachms.
	Essence of sandalwood, wintergreen and roses	of each 5 drops.
	Muriate of pilocarpine	7½ grains.

If the hair becomes dry, inunctions of oil of sweet almonds or castor oil may be made from time to time.—*Univ. Med. Magazine.*

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A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

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BALTIMORE, JULY 11, 1891.

Editorial.

BOOKS NEEDED BY THE PRACTITIONER IN LARGE CITIES.

The choice of books for a physician's library is a subject which demands careful thought. As a multiplicity of complicated instruments is no index of the skill of the surgeon, so a miscellaneous jumble of medical books is no proof of the wisdom of the physician.

The best private library is that which is selected for practical usefulness and is so well arranged and thoroughly read by its owner that he can guide his hand quickly to any desired paragraph. Without doubt great sums of money are spent by the profession for books which are of no value to them after they are received. Very few libraries in this city would bear careful examination from this point of view. How many physicians could show, for each book purchased after the first year of practice (for we are not now referring to school text-books), a definite return for the money he spent on it, or point out the particular points in which that book possesses an advantage over the text-book of college? So strongly does the thoughtful man of slender means become impressed as years go by with the view just stated, that he is liable to drift to the other extreme and buy no new books at all. It is evident, therefore, that the subject is one to which a medical journal may devote some editorial space. The library of the specialist may well contain all important works upon the specialty which have recently been issued in two or three of the world's great languages. But the field of general practice is now so vast, and of such prolific yield in a literary way, that no sane man who has limited means and has other things to occupy his time would attempt to place samples of its manifold productions in his library. Of what books, then, should the library of the general practitioner consist?

First, there should be an array of well-chosen and well thumbed text-books, many of them suggesting by their loss of pristine beauty, that they have passed with their owner through that toilsome period of undergraduate existence when

the principles of carefulness and neatness were not yet thoroughly grasped by him. These text-books cover every department of practice, in an incomplete way, to be sure, yet so as to set the great principles clearly and concisely before the reader. Besides these text-books, perhaps a dozen in all, will be ranged a limited number of specially desirable treatises upon particular subjects. These will embrace bits of the great sphere of medicine, and will increase in number with the age of the practitioner and the progress of knowledge. They should, however, be purchased only after very careful thought. Some of them are indispensable to first-class practice. Books upon urinary analysis, physical diagnosis, medical diagnosis, etc., ought to date from college days; but unfortunately do not, in many cases. Especially useful is such a book as DaCosta's Medical Diagnosis, in which medical phenomena are discussed in a very helpful way, quite distinct from the method of the ordinary text-book, diseases which present like symptoms being grouped together, and distinctions being drawn between them by a master hand.

Occasionally a volume will be purchased which embraces a territory already well covered by some work already owned. This will be justifiable when the new book contains the thoughts of a master mind upon a subject which bears upon everyday practice; or when the earlier acquisition no longer fairly represents the truths of ever-advancing science. Very, very rarely, a new edition of a book already on the shelves may be purchased. What a man knows that is of value, he generally puts into the first edition, and when he gets a really new thought he is very apt to publish it under a new title. It is better in most cases to buy somebody else's treatise than a second edition of the same book.

A work, like the "Organic Materia Medica" of Parke, Davis & Co., will be of great comfort to the young practitioner, when patients from distant regions enquire what he thinks of the properties of such and such a vegetable extract much used in those parts. The next best thing to "knowing all about it" will be to say that he has in his office a book which treats of the virtues of all known vegetable extracts and will give his opinion on the subject at the next visit.

No practitioner of moderate income need be ashamed of a library of only twenty or thirty volumes of recent date, provided they are well-chosen, and that he knows their contents. What he needs is to be able to treat properly any emergency-case which may arise in practice; in a case which lasts several days, he may easily consult the medical library of his city, which will doubtless contain numerous encyclopedic works and special treatises on every subject in medicine.

Happy is the doctor who inherits a good library from an intelligent practitioner of the past generation. The tomes which are considered as "trash" by the iconoclast of this age of medical progress and reform, will be of great and lasting value to him.

Here, in his hours of ennui or fatigue, he will broaden his view of medicine by the perusal of Medical History, as it portrays the course of his art down the ages. "Isms" and "pathys" and "influence cures" of the present day will stand out

in a new light, as he traces on the page of history the ever-victorious though fearful conflicts in which true medicine has so often vanquished these same delusions under other names than those which they now assume. The power of fashion in therapeutics will impress him deeply. The mighty sweep of medical delusions over the face of the civilized world will appall and fascinate him. The rise and wane of diseases will suggest great underlying laws which might easily escape notice.

Best of all, he will here sit at the feet of those great "seekers after truth" who laid the foundations of the Healing Art. From the contemplation of their enthusiasm, their thoroughness, their self-denial, their honest simplicity, their ceaseless energy, their broad sympathy with all forms of knowledge, he will turn again to the monotonous routine of practice, an humbler and yet a nobler man; more loyal to his great Profession, more eager too add his mite to its stores of imperishable truth.

HOW TO ENJOY THE SUMMER LEISURE.

During the summer months the local medical societies of this, and other cities, as a rule, suspend all medical work. This is as it should be, as it gives the membership of these organizations abundant rest and further opportunities for reflection and deliberation over the work of the ensuing winter. Whilst a large number of physicians seek the seaside, the mountains, or travel in foreign countries during the heated term, many prefer their *otium cum dignitate* at home where they can while away the hours with light work, agreeable literature and home comforts, which are not to be dispised, to say the least. We are personally acquainted with many physicians of this latter class and we knowfrom their say-so, as well as from personal experience, that a residence in the city during the heated term is not so uncomfortable as many would make believe. Rest comes to such men through lighter work, from occasional outings in the parks or on the bay, and from opportunities for light literature, summer operas, concerts and perfect social freedom. Whilst nature is so busy out of doors, many a hard-worked physician can obtain rest under vine or fig tree, literally as well as figuratively, and refresh his mind with reflections and speculations, which can be made of subsequent value to himself and to others. Such reflections could no doubt be profitably reduced to manuscript and should then be given to the medical press. We invite such contributions to this JOURNAL.

ONE OF "NATURE'S REMEDIES."

One of our brother physicians has discovered that an excellent cure for the stings of insects is fresh urine. He cites several instances in which the application of this natural product was followed by quick relief to the pain of bee-stings. We recommend this to our medical readers in country practice.

To the small boy, who, having hung his clothes on a hickory limb, preparatory to immersion in the cool waves of a sylvan stream, is beguiled into a too close in-

vestigation of a yellow-jacket's nest on the bank, the knowledge of the healing and soothing virtues of his natural excretion will be of great comfort after he has decided that further investigation of the nest is unwise. The discoverer of the remedy advises that the remedy should be applied on the corner of a handkerchief, but almost any way will do.

Apart from this use, the excretion under consideration is known to have valuable cleansing or antiseptic virtues. Thus a famous African traveler reports that the natives who attended to his dairy arrangements for him always rinsed the milk pails with fresh cow's urine before milking into them, and they were very positive that this was a useful procedure. It is also considered a good application for thrush. We were once called to treat an infant of color, who resided in a retired alley of Baltimore, for this form of mouth disorder. On enquiring what remedies had been applied before our arrival, we were informed by the anxious mother that she had diligently scrubbed the baby's mouth with its napkin, and on cross-questioning we were told that the particular napkin used was the one which had just been removed from the infantile person, as the folks said that in this condition the napkin was an excellent application. No particular objection being made by the baby, we may suppose that it was quite soothing. Our medical informant, in regard to the bee sting virtues of this fluid, supposes that they are to be ascribed to the urea which it contains, but after our experience in thrush we would like him to investigate the matter more closely.

TO OUR CONTRIBUTORS AND SUBSCRIBERS.

Arrangements are being made by the publishers of this JOURNAL to enlarge its space and to improve its mechanical execution. The editor is equally anxious to improve its matter and to promote its interest and value to its readers. In furtherance of these objects he cordially invites contributions from its many readers.

There are many ways in which contributions could be made to its columns. We especially request original matter in the form of short papers, reports of interesting cases, hospital reports and communications relating to matters of general professional interest. With the earnest co-operation of its many readers there is no reason why this JOURNAL should not render a most valuable service to the profession of this State and throughout the entire South, where 90 per cent. of its readers reside.

THE TREATMENT OF THE PYREXIA OF PHTHISIS.

Williams (*British Medical Journal*, March 28, 1891) reaches these conclusions: (1) Pyrexia, due to tubercularization, is best dealt with by derivative measures, such as counterirritation, salines producing secretion from other organs and assisting expectoration. (2) In pyrexia accompanying softening and excavation, measures to hasten these processes are most successful, combined with antiperiodics. (3) The use of remedies solely to reduce fever without promoting increase in natural secretion is inadvisable. (4) Our object should be to lower the temperature simply to the limits compatible with the comfort and well-being of the patient. Frequent feeding, rest in bed and stimulants are among these agents.

Medical Progress.

CURETTING THE PUERPERAL UTERUS.

The subject of the advisability of the use of the curette after labor at term was discussed in a recent meeting of the Obsterical Society of Berlin (*Centralblatt für Gynäkologie*, No. 18, 1891). Fritsch had given the method of treatment by curetting a fair trial, but was convinced of the danger and injury accompanying the practice. He believed that recovery in cases of puerperal sepsis depended largely upon the encapsulation of the focus of infection, and this was prevented by the interference of the curette. The advocates of curetting consider it indicated in sapræmic cases, but the diagnosis of sapræmia is often impossible during the life of the patient.

Olshausen did not favor curetting the puerperal uterus on account of the danger of rupturing the uterus, which is greatly thinned after labor.

He considered the danger of accidents when the puerperal uterus is curetted with a sharp curette to be very great.

He also believed that in most cases septic infection gains entrance to the uterus through lesions in the cervix. Portions of the endometrium become involved at a time, rarely the whole. It is impossible with the curette to select the affected portion, and hence more harm than benefit may result from curetting.

Veit narrated his observations with four cases where he had seen injury and a bad result follow curetting. He considered the proposition to treat the uterus in puerperal sepsis like an abscess cavity a distinct step backward, not an advance.

After the period of incubation there is in puerperal sepsis an indifferent stage in which exact diagnosis as to the degree and probable severity of the infection is difficult; during this stage the sharp curette is the most inappropriate of instruments, antiseptic injections being much more suitable and efficient.

Gottschalk discussed the question from the standpoint of bacteriology, remarking that Braun, who introduced the curette in obstetric practice, advised its use in sapræmia and not in septicæmia and pyæmia.

He recognized the difficulty of making a differential diagnosis in a given case between these conditions, and furthermore, when such a diagnosis is made, the abrasion of tissue produced by the curette was extremely injurious. In the unmolested uterus the conditions are not favorable for septic absorption; saprophytic products are not injurious to living cells, and are safely removed by the lochia. At the placental site but little mucous membrane is left to harbor bacteria.

Curetting removes thrombi from sinuses and favors the absorption of concentrated solutions of ptomaines, which are highly poisonous. Most rational and safe is the treatment of this condition by irrigating the uterus with sterilized water at 104°F. The heat stimulates the uterus to contract and expel poisonous materials, while the water dilutes the ptomaine solutions until they are innocuous.—*Amer. Jour. Med. Sciences.*

THE PROPHYLACTIC VALUE OF EARLY EXCISION OF HARD CHANCRES.

The advisability of excising a hard chancre at an early stage of its development is a moot point, some asserting, with M. Jullien, the utility of the measure as a means of preventing further infection of the system; while others—and these certainly form the majority— agree with our own Hutchinson, who maintains that the operation "can rarely be productive of good." M. Mauriac of the Hospital du Midi believes with the English authority that any hopes of preventing the appearance of secondary manifestations of syphilis by an early excision of the

primary sore are illusory. In support of this view of the question, M. Mauriac has recently given the details of a case in which a three days' old Hunterian chancre was excised, there being at that period no sign of glandular infection. On the morrow a fresh preputial chancre, harder even than the original one, appeared at some distance from the site of the latter. It was, in its turn, thoroughly excised twenty-four hours after its discovery. The two wounds healed kindly, but at the base of the cicatrices a characteristic induration developed, and the adenopathy, doubtful at the time of the operations, revealed itself in a very unambiguous form. Fifty-three days from the appearance of the first chancre, the patient was seized with nocturnal cephalalgia, rheumatic pains in the intercostal and diaphragmatic regions, together with vesperal fever and night-sweats. These symptoms were shortly succeeded by the appearance of a generalized papular syphilide on the body. An experiment of this kind being of more value than any amount of theory, I have, for that reason, deemed it worthy of record in the pages of *The Lancet.*—*London Lancet.*

MONKEY TALK.

A story has reached us from the other side of the Atlantic that the phonograph has been applied in order to unravel the secrets of monkey talk. Herein, if the story be true, lies a curious study for our psychological brethren, and a new experimental series of research. The experiments hitherto accomplished are elementary, but if sustained are of singular import. The phonograph is brought to bear on the monkey, which is led to utter sounds in its own *patois*, within the recording range of the merciless instrument. Its speech is in this manner taken down phonetically, and is then recited, *totidem verbis*, to other monkeys that have not been present at the time when the recording instrument was at its duty. According to the character of the speech so the effect. If the observations be of a violent and threatening kind, the monkey listener is seized with sudden fear and flies from the place to seek safety or protection. If the conversation be of an appetising character, the listener responds by indicating his desire for food. These and sundry other manifestations of intelligent intercommunication by monkey linguistic skill are reported, and soon we are promised a complete literature of this next but one, and he a missing link, to man. Do not let our readers suppose that we are dealing too lightly with this subject. The question whether lower animals have a speaking language has occupied the attention of man for ages. The Koran describes King Solomon as listening to learning, and interpreting the language of ants; and it may be that language of different kinds passes between animals for expressing different wants and indications of danger. "Animals have a voice, men speak" has, up to this day, been the common belief. Now, for the first time, we have a means of discovering whether the voice of the animal is or is not a definite, however elementary, form of speech. Do monkeys, for instance, talk intelligibly? All do not, we know, but do some?—*London Lancet.*

MASSAGE OF THE STOMACH IN THE TREATMENT OF GASTRIC DYSPEPSIA.

Cseri (*Revue de Thérapeutique*, April 15, 1891) employs massage in the treatment of gastric dyspepsia. Two or three hours after a full meal, the patient is placed in the dorsal decubitus, with thighs flexed on the pelvis and the mouth open. The gastric region is first very lightly stroked, the force then being gradually increased to a veritable kneading, always in a direction toward the pylorus. The whole process should last ten minutes. This massage not only hastens the passage of food into the duodenum, removing at the same time the badly digested

and altered remains of previous meals, but also stimulates the contractility of the muscular coat of the viscus and increases the secretion of gastric juice. A short massage of the large intestine should end the séance. The only contraindication is the existence of complications, such as ulcer or other conditions which may cause hemorrhage. This treatment is said to be followed by a pleasant sense of relief and often by refreshing sleep.—*Univ. Med. Mag.*

TREATMENT OF CHRONIC ECZEMA BY CREOLIN.

Dr. Patteson said he had been led to adopt the use of creolin in chronic eczema from the well-known value of tarry preparations in certain forms of eczema and psoriasis, and from its cheapness, which rendered it suitable for out-patient practice. He briefly referred to two cases of pustular eczema of the scalp—one of eight and the other of three years' standing—in which marked improvement and cure followed its prolonged use. It was applied as a wash or lotion in the proportion of 1 drachm to 8 ounces of water. The value of such a powerful germicide in these cases seemed in favour of Unna's contention as to the parasitic nature of eczema.—Dr. Walter Smith expressed his concurrence with Dr. Patteson's views as to the utility of creolin as a germicide and stimulant.—Mr. Doyle could corroborate Dr. Patteson's remarks as regards the curative effect of creolin in subacute cases of pustular eczema, having used it by means of wet packs frequently repeated.—*Brit. Med. Jour.*, June 2.

BENZOATE OF SODIUM IN ACUTE FOLLICULAR TONSILLITIS.

L. C. Boisliniere, Jr., of St. Louis, in an analysis of seventy-five cases, found that by the use of benzoate of sodium, acute follicular pharyngitis was cured in from twelve to thirty-six hours, whereas the average duration of the disease by other treatments is from two to five days. When the cases could be watched carefully, as in private practice, the white cheesy spots were frequently seen to disappear in from eight to ten hours. The drug undoubtedly controls the febrile elements of the disease. Having never encountered disagreeable effect from even large doses, he considers that it may be given with impunity even to children. —*Western Med. Rep.*

TREATMENT OF PIGMENTATION IN PREGNANT WOMEN.

In the *Journal de Médecine de Paris*, the following ointment is recommended to be rubbed into the affected parts twice daily, to remove the pigmentations which so often disfigure pregnant women:

℞—Cocoa butter,
Castor-oil . . . . . aa ʒ ij¼.
Oxide of zinc . . . . . gr. v.
Yellow oxide of mercury . . . . . gr. ij.
Essence of rose, enough to perfume.

—*Therapeutic Gazette.*

THE DOCTOR IN THE DRAMA.

In the new play *Margaret Fleming*, lately produced in Boston with so much interest and success, it is pleasing to find the family physician, in a typical American home, represented as having so dignified and honorable a function. According to the playright, he adds to his titular duty that of the old-time spiritual and moral adviser. He is the family friend, pointing out the path of duty, and encouraging the weak and erring to walk in it. Since Molière, the doctor in the play and in real life has greatly changed both rôle and character. It becomes a question if the parson has indeed been so derelict in duty that the medical man must also assume a part of that worthy's office in addition to his own. Between

city and suburban practice there is, doubtless, a difference in this respect. In village and rural life hundreds of families have no warmer or truer friend than the family doctor. The business necessities and manners of the city practitioner may bring greater rewards of certain kinds, but———. —*Med. News.*

THE TREATMENT OF WHOOPING-COUGH.

Séjournet (*Union méd. du Nord-est*, No. 12, 1890) treats whooping-cough by confining the patient to two rooms, one for the day and one for the night. Each room is thoroughly aired during the time it is not in use. Rescorcin is used as an antiseptic, and ipecac and belladonna are employed for relief of the cough. The diet is carefully regulated.—*N. Y. Med. Jour.*, July 4.

SCIATICA.

At the clinic of Prof. Landon Carter Gray, of New York (*Practice*, Feb., 1891), much benefit has been obtained in sciatica from phenacetin, given in tablets of four to eight grs. every three or four hours. There are a good many cases, however, which do not respond to it very markedly. Doubtless, too, there are many cases of sciatic neuritis, rheumatism, gout, etc., in which a diagnosis of sciatica is erroneously made; but perhaps more frequently sciatica is mistaken for one of these affections.—*Jl. Amer. Med. Asso.*

TASTELESS SOLUBLE QUININE.

To destroy the bitter taste M. Lutz recommends:

℞—Sulph. quiniæ	0.50 grain.
Dilute sulph. acid	0.50 grain.
Essence of mint	5 drops.
Sat sol. sacharin	10 grains.
Distilled water	90 grains. M.

—*La Tribune Med.*

ACUTE URETHRITIS.

Professor J. William White, of the University of Pennsylvania, recommends the following mixture in capsules. In about two-thirds of his cases the discharge ceased within a week. In the majority it was necessary also to use an injection, and for this he recommends two to ten grains of sulpho-carbolate of zinc in a ten to fifteen per cent. solution of peroxide of hydrogen:

℞—Salol.	3½ grains.
Oleoresin of cubebs. . .	5 grains.
Balsam of copabia (Para) .	10 grains.
Pepsin.	1 grain.

—*Med. and Surg. Rep.*

VOMITING OF PREGNACY.

Cocain with Acetanilid is recommended in the vomiting of pregnancy, also in acute gastralgia, in this proportion:

℞—Cocain. mur. . . .	gr. iii.
Acetanilid. . . .	ʒ ss.
Aquæ.	℥ v.

Sig. A teaspoonful hourly.—*Med. and Surg. Rep.*

THE BACILLUS OF LEPROSY.

A telegram from Simla, dated June 12th, contains an important announcement, which points to a distinct advance in the bacteriology of leprosy, due to the researches of the members of the Leprosy Commission. It is to the effect that Drs. Rake and Buckmaster have succeeded in cultivating the leprosy bacillus in serum. They were assisted in their researches by Surgeon-Major Thomson. —*Lancet.*

A UNIQUE CASE.

We extract the following from the last issue of the *British Medical Journal:* "A nice point of law has lately been debated before a French court. The question was whether an operation on a dead body by an unqualified person came within the meaning of the enactment forbidding the illegal practice of medicine. It appears that a pregnant woman had just died, the cause of death not being stated. The curè of the village, who had been with her in her last moments, induced a neighbor who was in the room to perform Cæsarean section on the corpse with a view of saving the child. The operation was successful, but the operator was brought before the magistrate and fined 15 francs for having been guilty of illegal practice of medicine."

DIET AND ANIMAL TEMPERATURE.

A question has been put to us by a correspondent—Mr. Walter Fentem—whether the animal temperature of persons who subsist on a vegetable diet is lower than that in animal or mixed feeders. The inquiry has never been investigated in the human species on a sufficiently comprehensive scale to be of any value, but such comparative facts as throw light on the matter tend to indicate that vegetable feeders, amongst the lower creation, have a high temperature. Dr. John Davy, brother of Sir Humphry, and one of our keenest physiological observers of a past day, was amongst the first to make comparative observations of the temperature of different animals in their normal state; and to a certain extent John Hunter, Pallas, Despretz, and Samuel Metcalfe carried out the same research. In 1869, Dr. B. W. Richardson, in one of his lectures on Experimental and Practical Medicine, classified the results of most of these previous authors, and tested them by a new series of direct observations. His table of mean results showed that vegetable feeders have a high temperature. The sheep gave a temperature of 104°; the goat of 104°; the pigeon of 108°; and the common fowl of 108°. The rabbit showed 103°, whilst the dog and the cat, animal or mixed feeders, showed 102°. But some herbivora were comparatively low; the ox, for example, 101°, the horse 100°. The differences here stated were supposed by the last-named observer to depend on the cutaneous covering of the animal more than on any other cause. In the case of the pigeon, on which this author made ninety-four observations, the high temperature was attributed to the non-conducting character of the feathers, a marvellous protection to a swift-flying animal in a cold atmosphere. In man, from 100 observations, he came to the conclusion that in a strictly natural state 98° F. was the truest standard. These researches are useful as comparative studies; still, it is an open question whether in man, or in any species of animal that can live on a mixed diet, there is a variation of temperature, according to mode of diet; and it would be a good work to inquire on a large scale if, under a purely vegetable form of dietary, the temperature in man is reduced. Our correspondent informs us that in him (a healthy man), and in his wife (a healthy woman), both in the prime of life, the temperature now ranges from 96° to 97.4° F. He, for three years and a half, and she for two years and a half, have been total abstainers from alcohol, and have subsisted on fruit and vegetables, with addition of "butter, cheese, milk, eggs, and a little fish." Previously to adopting this system his temperature had never fallen under 98° "in so far as he remembers," and he therefore is inclined to the view that under his new regimen he lives as healthily as before, at a lower expenditure of energy. If such prove to be correct, and if it should be demonstrated that a minimum animal diet (for our correspondent, be it observed, is not strictly a vegetarian), will support life

efficiently under reduced combustion and reduced waste of material, a valuable as well as curious fact will be added to our practical knowledge. Evidently there is here open a fine field for a patient, perfectly unbiased, and truthful investigator. —*Lancet, June 27th,* 1891.

Personals.

Professor Scanzoni, the distinguished teacher and author in the departments of obstetrics and gynecology, died on June 12th in upper Bavaria at the age of 70 years. At the time of his death he was Privy Councillor of the Kingdom of Bavaria, and Emeritus Professor in the University of Würzburg. He was at one time a very active worker and writer, and his influence in developing the science of obstetrics and gynecology has been both conspicuous and eminent. His name will long be held in connection with many useful and important advances in literary and scientific medicine.

Professor Devoubaix, the eminent Belgian surgeon, has recently been honored by his colleagues of the Faculty of Medicine of the University of Brussels, who presented him with his statue in bronze on the occasion of the 50th anniversary of his appointment to the chair of surgery in that school. Prof. Devoubaix was born in 1813, and for many years has been one of the most distinguished members of his profession in Belgium. The king offered to confer on him a title of nobility, but Prof. Devoubaix declined the honor on the ground that he did not want "to be taken out of the class of society in which he was born."

The death of Dr. Henry G. Sutton, the distinguished pathologist and medical teacher, has recently occurred at the early age of 55. Dr. Sutton was one of the most popular and influential teachers in London and his death has been announced with evidences of painful regret by the London medical journals, indicating the high esteem in which he was held by the profession of Great Britain. He was connected for many years with Guy's Hospital, and worked in association with Sir Wm. Gull and Dr. Wilks. In person, Dr. Sutton was small of stature, his features were delicately and beautifully chiselled, his eyes were bright and his face usually wore a winning smile. His nature was extremely affectionate and sympathetic and he exercised a most powerful influence upon all who were thrown in association with him.

Dr. Walter Wyman, who has been appointed by the President to the position of Supervising Surgeon-General of the U. S. Marine Hospital Service, was for several years connected with the service at this port. During his residence here Dr. Wyman made many friends among the physicians and citizens of Baltimore, who will now rejoice in his good fortune, and congratulate him upon the honorable position he has reached in his profession. All who know Dr. Wyman feel assured of the fact that he brings to the discharge of his new position energy, ability and large experience.

Dr. A. L. Hummel, of 612 Drexel Building, Philadelphia, and Mr. Chas. Roome Parmele, of 19 Park Place, New York, have entered into a copartnership, operating under the firm name of Hummel and Parmele, the business of which copartnership shall be that of a Medical Journal Advertising Agency.

Medical Items.

The Fifty-ninth Annual Meeting of the British Medical Association will be held at Bournemouth on July 28, 29, 30 and 31.

Professor Angerer, of Munich, has been appointed Professor of Surgery in the University of that city, to succeed Nussbaum.

A Japanese *Pharmacopœia* will shortly be published. It is now under revision by the Central Sanitary Board of the Home Department.

The University of Alabama, at its Commencement in June, 1891, conferred the degree of LL. D. upon Dr. Nathan Bozeman, of New York City.

The honorary degree of LL. D. was recently conferred upon Dr. F. Peyre Porcher, of Charleston, S. C., by one of the colleges of his State.

The King of Italy gave 160,000 lire ($32,000) on his last birthday to the city of Turin to assist in the erection of a hospital for contagious diseases.

At the recent commencement of the University of Rochester the honorary degree of Doctor of Laws was conferred upon Dr. Stephen Smith, of New York City.

All the Paris communal schools are now provided with a medicine chest (*boite á secours*); printed instructions how to use the contents will be distributed to every school.

The freedom of Berlin is to be extended to Prof. Virchow, the eminent pathologist and medical patriarch, on his seventieth birthday; and upon the same occasion his portrait will be hung in the Council Chamber.

The total active membership of the Medical Society of the County of New York is now given at over 1,100. At the last two meetings an increase of over one hundred has developed in the membership.—*Jour. Amer. Med. Asso.*

President Carnot, of France, has conferred the Grand Officer's Cross of the Legion of Honor on Professor von Helmholtz. It is said that this is the first French decoration conferred upon a German since 1870.—*Med. Rec.*

Mr. Henry Bloom Noble, of Douglas, Isle of Man, who a few years ago presented the town of Douglas with a hospital, at the cost of £10,000, has, through the Dean of Norwich, presented another sum of £10,000 to the island—£5000 of which is to be appropriated to the formation of a Convalescent Hospital.

A portrait medal of Rudolf Virchow is to be struck by Anton Scharff, of Vienna, in honor of the great pathologist's seventieth birthday on Oct. 13th next. An admirable portrait of Virchow by Hans Fechner, jun., is now to be seen in the International Art Exhibition in Berlin.

The Flint Club, of this city, perhaps the most unique and original medical organization in the world, held its monthly reunion on the afternoon of July 2nd on board a tug, which steamed over the waters of the Patapsco for several hours, and afforded the members of the club a most delightful outing.

His highness the Maharajah of Bhownuggur, G. C. S. I., has subscribed £100 to the Congress of Hygiene and Demography. The Maharajah has also instruct-

ed the head of the State Medical Department, Dr. Burjorjee, to prepare a paper for the Congress on sanitary progress in His Highness's dominions.

The clinical section of the new Koch Institute in Berlin will be completed within a few weeks. There are seven parlors, having accommodations for 108 patients, and two parlors for physicians and attendants. Prof. Ludwig Brieger will probably be at the head of the clinical department, and Dr. Richard Pfleger will have charge of the scientific department. Koch, it is said, will receive a salary of 20,000 marks ($5,000), and Drs. Brieger and Pfleger each 6,000 marks ($1,500). —*Med. and Surg. Rep.*

The American Association of Obstetricians and Gynecologists will hold its fourth annual meeting, at the New York Academy of Medicine, 17 West Forty-third Street, in the City of New York, Thursday, Friday, and Saturday, September 17, 18 and 19, 1891, under the presidency of Dr. Adam H. Wright, of Toronto. All physicians interested in the discussion of subjects pertaining to Abdominal Surgery, Obstetrics and Gynecology are invited to attend without further formal notice.

The Society of Hypnology will meet in Paris on July 20th, under the presidency of Dr. Dumontpallier. The business to be done will include the organization of a second international congress of hypnotism, to be held in 1892. Among the subjects proposed for discussion are the following: The Relations of Hysteria to Hypnotism; Criminal Suggestions and Penal Responsibility; the Reality of Material Impressions on the Fœtus. Notice of communications, etc., should be sent to Dr. Bérillon, 40 *bis*, Rue de Rivoli, Paris.

The total number of physicians in Russia on July 1, 1890, was 12,521, of which 409 were women. Surgeons of the army and navy made up twenty-one per cent. of this number. Of physicians in civil life about two per cent. are engaged in teaching, ten per cent. are attached to hospitals and other institutions, two and a half per cent. have given up the practice of their profession, fourteen per cent. are attached to the Zemstvos, twenty-five per cent. are practising in the cities, and others are attached to schools, factories, sanitary works, etc. On an average for the entire empire there are 8.4 physicians to every 100,000 inhabitants; but as one-third of all the practitioners are resident in nine of the principal cities, the proportion for the rest of the country is much lower than this; in Siberia, for example, there being only 3.8 doctors to every 100,000 inhabitants.—*Med. Rec.*

The Board of Visitors of the University of Virginia, at a recent meeting, decided to make the degree of doctor of medicine a two-year course—the first session to comprise anatomy, chemistry, physiology, materia medica and bacteriology; the second year surgery, practice of medicine, obstetrics, hygiene and medical jurisprudence. The faculty was instructed to make the necessary changes in the classes. A student who has already attended a course of nine months, or two courses of less than nine months, at some recognized and reputable school of medicine, and after standing an examination on the first year's course, either in the regular examination of that class or at the beginning of the season, can apply for the degree of doctor of medicine. A certificate of proficiency in biology is to be conferred on those who have passed the necessary examination on biology and either zoology or comparative anatomy, at the choice of the student, and the degree of graduate on those who pass all three studies.

The following numbers of this JOURNAL are wanted. Ten cents per copy will be paid for them if sent to this office: Vol. 24: three No. 4; one No. 9; two No. 12; two No. 16; two No. 17; one No. 3; one No. 13.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 12. BALTIMORE, JULY 18, 1891. NO. 538

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Original Articles.

SUPERFŒTATION.

BY GEO. W. MILTENBERGER, M. D.,

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Superimpregnation, including superfœcundation or the impregnation of two or more ovules at or near a single ovular period, and superfœtation, the impregnation of a second ovule, when the uterus is already occupied by a product of conception, the second impregnation occurring one, two or more months after the first, has always excited attention, and with regard to the latter has not only been stoutly mooted, but by not a few, even of the most modern obstetrists, has been positively denied.

As to the first, superfœcundation, there is not a scintilla of doubt, whether in the lower animal or in the human being.

A mare is covered by a stallion, and subsequently, at varying intervals from a few hours to fifteen days, by an ass; she has twins, one a horse, the other a mule. A bitch in heat is covered by different dogs, and in the litter, the progeny may offer the characteristics of the different fathers.

A white woman is brought to bed with twins, a white and a mulatto. A black woman, on the other hand, has, at the same birth, a mulatto and a black. A native Indian woman in Brazil (Dr. Henry), had triplets with marked characteristics of three races, and confessed that on a given occasion, after intercourse

with her husband, when he left her for his work, she had connection with a white and a black man. There could certainly here be but the one conclusion, that it was a case of superfœcundation. Indeed, there is no physical or physiological reason why this should not occur, and very probably in a considerable proportion of twin-cases such is their history.

With regard to superfœtation, while the instances must be acknowledged to be rare, while their histories may generally be more open to suspicion and cavil, while undoubtedly many which have been reported as such, are merely ordinary twin-cases, where one has been blighted and the other has gone on to be developed to greater or less extent in the given case, where one has been less developed than the other, from causes which we can at times recognize, or are instances of double uterus, there still remains a number which are not open to such doubts, and which, I think, positively prove the occurrence of superfœtation.

Parvin says, while acknowledging that as claimed by some, there may be exceptions to the law, "Many of the facts adduced to prove superfœtation belong to a past age, when such marvels were more readily accepted than to-day; and as a rule they fail in the details and thoroughness of investigation necessary to establish their truth." So recent and generally thoroughly reliable an authority as Doléris says: "Few authors to-day believe in the reality of superfœtations."

Ramshotham and Churchill deny its occurrence, while Wagner terms it a physiological impossibility, and Lusk regards it as an inadmissible hypothesis.

Undoubtedly many cases thus reported, as of superfœtation, are merely ordinary twin-cases and have not been by any means thoroughly or satisfactorily investigated or proved, but on the other hand, instances have been authentically recorded which admit of no other explanation.

With the the old doctrine of the formation of the decidua vera, which so long prevailed, regarding it as an exudation or new membrane, blocking up from its earliest formation the uterine orifices of both Fallopian tubes, the occurrence of superfœtation in utero would be physically impossible. But with our recognition of its true character, as really a true hypertrophy of the original lining membrane, there is for a time no such difficulty, no blocking of those orifices, until such time as the decidua reflexa and vera come into contact with each other, at about three months. Nor is this mere hypothesis, as both Matthews Duncan (two months), and Coste (three months), have positively seen and shown on the cadaver, where at these periods there was still an open route for the descent of the ovule through and from the tube in one direction and the ascent of the spermatozoids in the other. There was no obstacle to the latter, save in the cervical mucous plug of pregnancy, similar chemically and otherwise, with the inter-menstrual plug, a natural nidus for them, and certainly not impassable.

Extra-uterine pregnancy of five months, co-existent with intra-uterine pregnancy of three months, proves the same thing in the classic case of Clièt, of Lyons.

Now, it has been asserted over and over again, that as ovulation is normally arrested during pregnancy, superfœtation is a physiological impossibility, but while this is the usual rule, there are undoubted exceptions to it. The above case of Clièt's is, beyond dispute, authentic, although Parry denies that extra-uterine pregnancy existing, a subsequent conception can ever occur until the uterus has fully returned to its condition in the unimpregnated state. Hirst says: "But as there is no clear proof as yet of the occurrence of ovulation during pregnancy, the possibility must still remain in doubt."

As to exceptional instances, in which ovulation, the evolution of the ovule up

to the point at which it is capable of impregnation; and the dehiscence of the ovisac, with the escape of the ovule, they are too frequent under different circumstances to admit of question. Whether we accept the generally received doctrine of menstruation and ovulation holding a causal relation one to the other, or the cyclical or wave theory of menstruation proposed by Prof. Goodman, of Louisville, in which the cause is in the general system and menstruation and ovulation are mere coincident expressions and not due the one to the other, or the modified view so elaborately wrought out by Mary Putnam Jacobi, of New York, who traces menstruation "to the *germinative membrane*, whose epithelium and subepithelial cells are directly derived from the germinal epithelium of the embryonic hypoblast which covers the reproductive eminence of the pleuro-peritoneal cavity; the coincidence of the two, as to time, is undoubtedly recognized."

While it is often denied by those who hold strictly to the doctrine of the absolute dependence of menstruation upon ovulation, that true menstruation ever occurs without the latter, yet of the converse of this we are perfectly assured, that ovulation does occur and that very frequently without the external expression, menstruation.

We see this in the occurrence of the monthly nisus in girls approaching puberty it may be one, two or three months, before the act is completed, by the sanious discharge. It is equally or even more strongly and positively proved where impregnation has occurred previous to the establishment of the menstrual flow, the proof is equally beyond doubt where at the opposite pole of life conception has taken place at a more or less prolonged interval, after the entire cessation of menstruation; ovulation must here of necessity present.

Prof. Reamy, of Cincinnati, "delivered a woman in her fifty-fourth year of her ninth child. At the time of delivery, she had not menstruated for eighteen months and never menstruated afterwards. Her youngest child was five years old at the time of this delivery."

Again, ovulation is normally absent during lactation, and yet we know that it does occur during this period. The strongest case I have personally met was Mrs. B., who, being regular always before her marriage, never menstruated after her first conception, until after the birth of her fourth child, she conceiving each time with the last three children without the recurrence of the menstrual flow.

Mayerhofer gives a case in which coitus one week after delivery at full term was followed by pregnancy. I have myself seen more than one case in which a second child was born at term within ten months after the previous accouchement.

Still farther, while not often, it is true, we find conception following coitus in the middle of the inter-menstrual period where we should not expect the presence of a matured ovule, just as in some of the lower animals, when the male and female are confined together, we find the ovular periods determinately increased in frequency. There is here, both in the lower animals and in the human female, a forced or artificial ovulation from venereal excitement, a true experimentum crusis. So also we know, whether we acknowledge it a true menstrual flow or not, that it is not infrequent to find a sanious flow occurring at the proper period, with the usual characteristics for one, two or three months, in normal pregnancy.

There can be no question, then, as the rule, whatever doctrine we accept as to causation, ovulation and menstruation accompany each other, and that the absence of the one function implies the absence of the other. We have seen, however, that ovulation may and does occur without menstruation. It may be said that in these cases we have cited we have failed in the only proof the doctrine demands; that is the positive evidence afforded by the corpus luteum.

Sinety reports three cases to the Société de Histologie (Paris). The first was a woman who had not menstruated for five months, yet one ovary contained a ruptured Graafian follicle. She died of phthisis. The second was a woman, who died at 38. She had never menstruated, but ovulation had gone on, as was evidenced by many corpora lutea. The third had menstruated regularly from her 13th year, yet microscopical examination of both ovaries failed to reveal either a single mature Graafian follicle, or a corpus luteum, or a cicatrix. A like case is reported by Dalton in the *Transactions of the American Gynecological Society* for 1877, page 126.

We all know the results of Mr. Tait's ovariotomies on this point, and Leopold has clearly shown that a Graafian follicle may rupture at any time without reference to the menstrual period.

I will not delay to speak at all fully of the question on this point, which has been so strongly mooted, pro and con, as to the effect upon menstruation of the removal of the ovaries in double oophorectomies. Numerous cases have been reported of the recurrence and even continuance of menstruation after such operations. One related by Dr. A. Reeves Jackson is sufficiently illustrative. Here, after a Battey operation for dysmenorrhœa, menstruation followed at the proper time after the operation, the flow being scanty and without pain ; a second and third period was similar. At the fourth period, there was an increased discharge and return of the pain, and ever after she menstruated regularly, freely and with excessive pain. These really amount to naught, when we remember that Drs. Engleman and Battey have each reported a case where conception followed removal of ovaries; and more than one case is known where, after double oophorectomies, both ovaries have been found post-mortem.

So far, I think, we have every requisite and satisfactory evidence that of the four periods in woman's life in which ovulation is normally absent, previous to the first menstruation, after the last menstruation, during lactation and during pregnancy, in the first three, at all events, ovulation can and does occur and the most obstinate sceptic cannot refute or deny the absolute truth of the fact. There remains, then, only the last period during pregnancy, and here I deem the proof is equally strong.

One of the most interesting series of cases bearing upon this point was published in the *Edinburgh Medical Journal,* 1805, by Mr. Bonner J. Cupar Fife, in which he gives three instances occurring in families of rank and position in which the record of dates was unimpeachable. In these cases there intervened between two deliveries 182, 174, and 127 days, and all the children were sufficiently developed to be reared, and without exception to reach maturity.

Now, in this last instance, if we allow conception to have followed a coitus as early as six days after the first labor, as in the case before mentioned by Mayerhofer, and we know that impregnation may occur long before the return of the mucous membrane to its ordinary condition, this would give us only about four calendar months for the second child, when we know it could not be viable. This could only be explained by the doctrine of superfœtation; a case of this kind was reported by Prof. Eisenmann, of Strasburg, where the woman was delivered of a second child 104 days after the birth of the first, both having been mature. To these we may add two noted instances of miscarriage in which in addition to a fœtus of four or five months, a perfectly fresh ovum of not more than a month's development was thrown off. The first was shown at the London Obstetrical Society in 1862, and was reported on by Drs. Harley and Tanner, who stated that in their opinion it was an example of superfœtation. The other was that most

interesting and instructive case seen and reported by Dr. Tyler Smith, which as a whole stands alone in our annals.

"A young married woman," he says, "pregnant for the first time, miscarried at the end of the fifth month and some hours afterwards a small clot was discharged, enclosing a perfectly healthy ovum of about one month. There were no signs of a double uterus in this case. The patient had menstruated regularly during the time she had been pregnant." "This case," says Playfair, "is of special interest from the fact of the patient having menstruated during pregnancy, a circumstance only explainable on the same anatomical grounds which rendered superfœtation possible. So far as I know it is the only case in which the coincidence of superfœtation and menstruation during early pregnancy has been observed."

Still these cases do not satisfy those who determinedly deny the possibility of superfœtation, and indeed, although the logical sequence and conclusion would seem from these facts to hold good, yet they insist as the only conclusive test and proof, that there should be found a matured or ruptured Graafian follicle during uterine gestation not corresponding in age to the intra uterine fœtus. Let us see if there exists any such proof, which of course must be absolutely positive. We are indebted to Dr. W. S. Christopher, of Cincinnati, in a paper on "Ovulation during Pregnancy," published in 1886, for a number of such instances.

As far back as 1840, Pouchet (Theorie Positive de l'ovulation spontanie et de la fecundation), found in a pregnant cow "three corpora lutea on the surface of one ovary and two on the surface of the other. They were differently developed, and the uterus contained only one fœtus, of two month's gestation. Moreover, on one of the ovaries there were discovered two large vesicles, in the interior of which an egg was found."

In 1876, Mayerhofer quotes a series of cases "in which death followed the rupture of a tubal fœtation of from seven to twelve weeks duration, and in which the corpus luteum was described as communicating with the peritoneal cavity by an aperture not yet cicatrized. These cases are quoted, one from Luschka, two from Kussmaul, one from Tobaye, and two from G. Braun. Although all these authors considered that the corpus luteum as described indicated the Graafian follicle, from which the fertilized ovum had escaped, Mayerhofer contends that the aperture could not have possibly remained uncicatrized for so long a time as from five to twelve weeks, and that the corpora lutea seen in these cases were really quite recent ones, formed during pregnancy, and were only not recognized as such on account of preconceived opinions. That sometimes, if not generally, an ovum is liberated near the time of delivery, he considers to be proved by the case in which coitus one week after delivery at full term was followed by pregnancy."

Prof. Slavjansky, of St. Petersburg, gives the history of a most instructive case of a woman, 24 years of age, who had menstruated since her 17th year, and had been delivered of a child three years previous to her fatal pregnancy. Her last menstruation occurred November 6, 1876, but conception is supposed to have taken place in December. Death occurred March 23, 1877, from rupture of the left Fallopian tube, due to tubal pregnancy. At the autopsy, thirty hours after death, there was evident a ripe Graafian follicle on the same side as the pregnancy, and on the other ovary a recently ruptured Graafian follicle. In both ovaries there were other evidences of continuous ovarian activity.

An exceedingly interesting and apposite case in the cat is narrated by Dr. S. L. Lepson, of Wheeling, W. Va., in 1883. A cat gave birth to a sac about the size of a hulled walnut, and $\frac{1}{8}$ to $\frac{1}{4}$ inch in thickness, lacerated at one side; from it

protruded two cysts, one, the smaller, containing transparent fluid only, and the other transparent fluid and a miniature fœtus ¾ inch in length, with ears, eyes, legs and tail plainly visible. About fifteen minutes later a second fully developed kitten was expelled. He says that it certainly was not a case of arrested development from compression, as the sac was sound and healthy looking and the amnion contained quite a quantity of fluid, in which the fœtus floated. I cannot here see any possibility of doubt.

In April, 1881, Dr. Christopher, having used a cat in vivisection-experiments, killed it with the anæsthetic. "On examination it was found to be pregnant, each horn of the uterus containing two well-developed kittens, each inclosed in a separate sac. The kittens were apparently near full term; each ovary presented at each extremity a small lobule, projecting beyond the normal contour of the ovary, corresponding in number to the four kittens in the uterus. These lobules were at first supposed to be corpora lutea of pregnancy, but a closer examination showed them to be vesicles. I made a section of one of these vesicles and found it to be a Graafian follicle, and was fortunate enough to obtain a section containing the ovula. The other follicles were also Graafian follicles, but sections containing the ovulæ were not obtained. Under the microscope, the Graafian follicle not only approached the surface of the ovary and produced an elevation of its outer covering, but was entirely outside of the ovary, forming a cyst upon its surface. The peritoneal covering was found to be wanting at one point of the surface of the follicle and the cells at this point were rather more numerous than at other points, and had undergone partial fatty change. Within the follicle was a distinct ovule, imbedded in the usual discus proligerus. A yellow mass of granular fat surrounded the discus proligerus. The ovule itself contained a well-marked germinal vesicle, and the structure of the cell contents was easily made out."

"The maturity of this follicle and of its ovule," says the doctor, "and the near approach of the dehiscence of the ovisac are indicated by:

1. The size of the follicle.
2. Position of the follicle.
3. The absence of the peritoneal covering of the follicle at one point.
4. The fatty change in the cellular structure at this point.
5. The large accumulation of cells within the follicle.
6. The fatty change which some of the cells within the follicle had undergone."

We have here a mature Graafian follicle from a cat far advanced in pregnancy. This follicle has either developed during the pregnancy or was developed to maturity, before conception occurred. This is also true of the three other follicles which were found in the ovaries. If we take the second condition and assume that these follicles had reached their present state of maturity before conception occurred, we must admit that at the time of conception, there were at least eight ripe follicles in the ovaries, four of which ruptured and gave up their ovules, which became fecundated and the other four retained their ovules and continued to retain them without undergoing any change, either progressive or retrograde, during the greater part of pregnancy. This is unreasonable, because it is contrary to the well-known peculiarities of the Graafian follicles and because it assumes a process of selection as yet unknown and which has nothing whatever to substantiate it. Now, if we take the other condition, and assume that the follicle had not reached maturity previous to conception, it must necessarily have developed during pregnancy, and if development has proceeded during pregnancy up to the point of maturity of the ovule and of the follicle, then the process of ovulation

has been going on in the ovary, and there is no reason to believe that in the final step in this process a dehiscence of the follicle would not occur. The follicle shown is in such a state as to be ruptured by anything which would produce an engorgement of blood in the pelvic organs; such, for instance, as coitus, which is generally regarded as playing some part in determining the time of rupture of the follicle. Now, of the four periods in the life of the woman when ovulation fails, as a rule, to occur before puberty, after the menopause, during lactation and during pregnancy, we have seen that there can be no doubt that in certain instances, exceptional, it is true, in the first three, the function of ovulation may be and is accomplished.

As to the fourth period during pregnancy, the positive and absolute proof which I have given cannot be gainsaid, and this proof rests on one case in the cow, by Pouchet; two cases in the cat by Dr. Lepson and Dr. Christopher, six cases collected from four different sources by Mayerhofer in the human female, the two cases of miscarriage at about five months, one reported upon by Drs. Harley and Tanner, the other seen and narrated by Dr. Tyler Smith, where a fresh ovum of about one month was thrown off with a fœtus of five months, the case of extra-uterine and intra-uterine pregnancy, of different dates, thoroughly authentic, as given by Clièt, and the case of tubal pregnancy, seen and related by Slavjansky, of St. Petersburg. Now, if ovulation during pregnancy is admitted, and we do not see how we can deny it, with the physical conditions existing up to the time at which the decidua vera and reflexa come into contact with each other at about three months, it may be a little later, there is no physical or physiological obstacle to impregnation in the early months of pregnancy, and we are forced to acknowledge the possibility of superfœtation.

Selected Article.

ON CHRONIC PROSTATITIS.*

BY DR. OBERLAENDER, OF DRESDEN.

Of the chronic inflammations of the prostate, that which is the most frequent and the most known is the so-called old man's hypertrophy. Whether it rightly bears this name, how it originates, and what symptoms are produced by it, are the questions which I have not the intention to discuss. There are still other, for the most part little known, forms of chronic prostatitis which do not come in the late years of life, which last a long time, and leave behind a host of troublesome symptoms whose origin the practising physician often does not seek where the seat of the trouble is to be found. As already mentioned, men in the best years of life become affected with this disease. They may have suffered from gonorrhœa for a longer or shorter time, but this is also in at least half the instances not the case, and we have then in such instances to regard as etiological factors continued excesses in venere et Baccho, masturbation, etc. A decided predisposition to catarrh of the mucous membranes, especially that of the urino-genital canal, appears also to play a decided rôle. This is a fact which was a long time ago pointed out to me, and one which I have very often spoken of at length: that the disposition to chronic and severe disease of the urino-genital system is pre-eminently one of the individual, and one which, indeed, is not without a certain hereditary influence in many cases, as, for instance, has already been long established in the so-called old man's hypertrophy of the prostate.

*From Journal Cutaneous and Venereal Diseases, July 1, 1891.

In speaking of excesses, I must turn the attention to *coitus reservatus* or *interruptus*, which when in excess and long continued, belongs to the most harmful practices of sexual life which exist. This is capable, in whatever way practised—and I cannot here particularize—to call forth and for years to keep up all possible, severe as well as slight, nervous disturbances in the urino-genital system, and in the general nervous system, without the cause being discovered or known by the physician. The local annoyance caused by this chronic prostatitis is often slight, some burning on passing water, especially after excess of diet, occasionally increased urgency to urinate, but frequently these patients suffer from a very disagreeable nervous weakness of sexual power. The erections in this condition may be increased, or diminished. At the critical moment they are, at any rate, either too weak or not present at all. Often too *ejaculatio præcipitata* takes place and after cohabitation there is great bodily and mental exhaustion. Very often the patients complain only of the latter and a host of other nervous symptoms. If only at the same time even slight abnormality in the region of the genitals is admitted, one should never neglect a local examination. In the urine are to be found for the most part more or less striking mucous threads, which microscopically are seen to consist of epithelium, prostatic bodies, spermatoza, and small particles of strongly-refractive detritus.

The prostate examined *per anum* is usually more or less irregularly enlarged. As a rule, only one lobe is affected and can be felt to be soft and uneven. The swelling is seldom or never hard. Here and there are also separate painful points which when they appear, cause the patient to complain of a painful feeling of pressure in the rectum, in the perineum, as well as of a painful twitching after coitus and after pollutions. More rarely can we succeed, by pressing upon the gland, in causing a drop of prostatic fluid to escape by the urethra. This under the microscope shows prostatic bodies, and, by the addition of one-per-cent solution of ammonium phosphate, sperma crystals.

By means of the urethroscope one can always make out decided disease of the posterior urethra, often in its whole extent, at times though only the prostatic part, especially the region of the colliculus seminalis.

The mucous membrane is here either of a decidedly red color, bleeding very easily, soft and covered with soft granulation-like and also papillomatous growths, or on the surface it is smooth, and on passing the tube over it becomes yellowish-white and shiny, showing that here, through preceding chronic inflammation, abnormal distribution of blood is present.

The first form is by far the more amenable to treatment. The patients, like all those who suffer in their sexual organs, are for the most part depressed by their disease, which they bear secretly for a long time before they go to a physician. The disturbance of their sexual power, the painful sensations after cohabitation, and the indefinitely painful discomfort which manifests itself in the genital region in the most developed cases after every effort and every error of diet, and which can increase to torturing pain, all have at length an enervating influence upon the sufferers.

To overcome the general nervous disturbances we can, with benefit, send the patient to one of the well conducted institutions, or a rest in the mountains or at the sea shore will do as much if not more for them. A careful course of local treatment, carried out at the same time or previous to the patient's being sent away, will often of itself prove sufficient.

We must see to it that the patient has proper nourishment and regular movement of the bowels. An empty rectum is a pre-requisite condition to the well-

being of all these patients. We accomplish this in the most comfortable way by means of a clyster or a mild cathartic. Camomile or valerian clysters, to be retained, as well as camomile tea and sitz-baths, are always found very efficacious in allaying the pains.

For the feeling of pressure in the rectum, from painful and enlarged prostate as well as from the sensitive urethra, I have for many years recommended and employed iodoform suppositories. Iodide of potassium suppositories are impractable, and by far not so efficacious and usually of no value whatever. The iodoform should be taken up quickly in small quantities locally applied, *i.e.*, in the rectum. For this purpose the small amount of iodoform is dissolved in oil of sweet almonds. In this form the absorption is sure to take place. One can order:

℞.—Iodoformi, ... 0.5–1.0
Solve in Ol. amygdal. dulc., ... q. s.
Ut fiat solutio stabilis.
Butyri cacao . . . . . q. s.
Divide in suppositoria decem.

Before introducing the suppository a clearing out clyster is to be given. To begin with, each evening before going to bed a mild suppository should be given. If this does not prove sufficiently active, the dose of iodoform can be increased from 0.075 to 0.1 gram pro suppositorium. Sensitive persons display undoubted intoxication symptoms after 0.1 gram of iodoform per rectum. The milder doses are borne without harm and act exceedingly well. We have in iodoform suppositories, after a few weeks or possibly days, a marked effect, while the iodide of potassium irritates the mucous membrane and must be interrupted for a long time. The urethra offers the principal point of attack in treatment, whence the unskilful operator can undoubtedly often do more harm than good.

One can use with care a one to two per cent. solution of nitrate of silver to cauterize the posterior urethra, an entirely harmless manipulation when undertaken with the requisite precautions, which can be repeated once or twice a week. The introduction of large metallic sounds often acts well; also are good results to be obtained from the employment of the Winternitz psychrophor, especially in the subsequent relaxation of the muscles of the posterior urethral sheath. Bleeding is not infrequently present after the first applications of the cautery and the introduction of the larger bougies, and it has no significance so long as one knows his ground and is conscious of not having wounded the normal canal. As a rule, it does not recur. Relapses belong in this disease to the regular occurrences—a condition of affairs which the patient makes worse by not putting much confidence in a cure.

The patient must be prepared beforehand for the possibility of relapses, and wherever possible before the onset of new symptoms, treatment should be again instituted. It is not in reality proper to reckon this among the incurable diseases. If it appears so to the physician, the ground for it must be sought in the lack of regimen in the patient's life, not to overlook the excesses in venere et in Baccho.

Those cases which have developed from a gonorrhœal base are the ones to get well the quickest and best. The worst cases are especially those in which the individual predisposition to catarrhs of the mucous membranes is present; also in patients who suffer from chronic intestinal, respiratory, and nasal catarrhs.

The above brief description of chronic inflammation of the prostate or often only an inflammation of the prostatic portion of the urethra and seminal vesicles, belongs to the class of genital neuroses, a full description of which I gave in part in No. 275 of Volkmann's Sammlung for the year 1886.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD APRIL 17, 1891.

The 250th regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods, in the chair.

Mr. Henry J. Bowdoin addressed the society on the aims of the Charity Organization Society. He spoke of the value of organized charity in communities, and described at length the scope and object of the organization in Baltimore. He called for a more constant and active coöperation with the society on the part of the medical profession of Baltimore, and cited numerous examples of the good already accomplished by the society in finding out the needy poor and exposing fraud.

Dr. Osler criticised organized charity as a whole, although recognizing the good accomplished by the Charity Organization Society. Hand to hand charity was to his mind that only deserving the name. He does not believe in too close investigation into the merits of any individual case of supposed need. Such investigation often prevents the really destitute from asking aid at all. Any charity which is not spontaneous and immediate is at best but a bastard charity.

Mr. Bowdoin said that the charity of the Organization Society was of the warmest personal kind. Such information as was obtained by the officers of the society was gotten in such a manner as never to offend those investigated; indeed, usually without the knowledge that they were being investigated.

Dr. Wm. Osler exhibited a patient, a young man, the subject of multiple cysterceri. Besides the ordinary tape-worm, this patient has, scattered throughout the body in the muscular and subcutaneous tissues, numerous encysted larvæ. In man alone is the animal world may be seen at once the developed (adult), worm and its larvæ. The disease is variously encountered among animals and is variously transmitted. It is the cause of measly pork and veal. The larvæ in the perch becomes the tape-worm in the pike, etc. It is transmitted from man to pork, and from pork back to man. In man the swallowed larvæ may become fully developed worms.

Dr. Meredith Reese demonstrated methods for examining tubercular sputum for the bacillus of tuberculosis.

Dr. Frank M. Sawyer described and exhibited a novel and easily cleaned spit cup for the use of tuberculous patients.

The society then adjourned.

STATED MEETING HELD MAY 18, 1891.

The 251st regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods, in the chair.

Dr. Samuel Merrick read a paper on the

CAUSE AND SIGNIFICANCE OF DEFLECTION OF THE NASAL SEPTUM,

with remarks on operative treatment for such conditions.

Dr. Harlan said that the class of cases mentioned by Dr. Merrick undoubtedly received as a rule less attention than they deserved. The troubles which rendered breathing through the nose difficult or impossible were certainly most annoying and uncomfortable. The use of chromic acid applied on cotton to the hypertrophied parts had been attended in his hands by much improvement.

Dr. Woods asked if permanent interference to the sense of smell had followed

the operations on the turbinated bones performed by Dr. Merrick.

Dr. Merrick said that after treating hundreds of cases he could not remember to have ever seen any special functional interferance follow operative procedures on the turbinated bones when properly performed. In a recent case, he had encountered a good deal of sloughing following operation because it had been impossible to accurately apply the cautery, the view being so unsatisfactory.

Dr. H. Toulmin read a paper on BATHING IN TYPHOID FEVER.

Dr. Geo. Thomas reported a case of PNEUMOTHORAX, with diagnosis and treatment.

Drs. Branham and Rohé each exhibited specimens of UTERINE POLYPI, which had markedly simulated and in one case had been mistaken for inversion of the uterus.

The Society then adjourned.

The following resolutions were adopted by the Clinical Society at the meeting of May 15th, 1891, on the death of Dr. Richard Gundry:

Whereas, The Clinical Society of Maryland has learned with profound sorrow of the death of Dr. Richard Gundry, Superintendent of the Maryland Hospital for the Insane, and a member of this Society, therefore,

Resolved, That in the death of Dr. Gundry, the Clinical Society has lost an able and scholarly member, the State of Maryland a trusted public servant, the medical profession a wise and progressive practitioner and the community an upright citizen.

Resolved, That we tender to his bereaved family our sincerest sympathy in their great affliction.

Resolved, That these resolutions be entered on the record of the minutes of this society and that the Secretary furnish a copy to the family of the deceased.

Geo. H. Rohé, Wm. Green, S. K. Merrick, Committee.

The *Virginia Medical Monthly*, July, 1891, says: "Among matters of professional interest in Virginia, for example, we may mention that we have had a State Board of Health for many years; but it is totally inoperative because no appropriation has ever been made to pay its expenses. Nor does the State law allow compensation for expert testimony, although a physician can be taken from Norfolk to Abingdon, or from Danville to Alexandria, and kept there indefinitely to give expert testimony while he is paid only fifty cents a day. A physician must assume the responsibility of committing patients to asylums, while he is paid only the pitiable sum of a dollar or two. The poor of the State are, for the most part, absolutely dependent upon the charity services of the physician—and his charity cases are always *very* numerous, oftentimes forming the major part of his rounds of practice; and yet, in this State, he has to pay $25 license tax per annum.

These are only some of the matters that peremptorily call for the services in the Virginia Legislature of some well-informed representative *practitioner* of medicine."

The physician who values his time and advice is the man who is appreciated.

He who sells himself for nothing, generally gets all he is worth.

He who goes for half-price, when patients are able to pay a reasonable fee, goes for more than he would bring on the market.

A community never values a physician higher than he values himself.—*Western Med. Rep.*

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

Subscription $3.00 *per annum, payable in advance.*

Contributions from practitioners in good standing invited, and advertisements from reliable houses solicited.

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JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.

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BALTIMORE, JULY 18, 1891.

Editorial.

THE NEED OF MEDICAL POLITICS IN MARYLAND.

Many of the readers of this JOURNAL will recall the history of the medical legislation which was attempted during the session of the General Assembly of Maryland in 1889. During the session of that memorable body of law-makers an earnest effort was made to secure the passage of a law to regulate the practice of medicine in this State. After a hard fight a bill was passed by both houses and would have become a law but for the indifference and unpardonable action of the Governor, who declined to give his signature to the bill because, it is alleged, of the influence of certain medical politicians who had fought the passage of the bill in both houses. They found the Governor a more pliant tool than the members of the General Assembly. The bill went by default and for two years longer the citizens of the State have been exposed to the inroads of incompetent medical practitioners.

The State is well-nigh over-run by this class of men, for many, fearing the passage of a law by the next Legislature, have made haste to enter the State and the profession in advance of this condition of affairs. It is evident that something should be done at once to arrest this immigration into Maryland. It behooves the great body of physicians throughout the State to give consideration to this matter and to set in motion a movement looking to the enactment of a proper law by the next General Assembly. Whilst the political parties in the State are electing their candidates to represent them at Annapolis the coming winter, it is very important that physicians throughout the counties, and in every section of the State, should look well to their fences and exercise some influence in the selection of men for these positions. Wherever it is possible for medical men to serve in either house of the Legislature, we would urge such men to come forward and offer themselves for these positions, and we would likewise urge their medical friends to press the claims of such men when brought forward as candidates for office. With very

few exceptions the medical members of the last Legislature worked very earnestly for the medical bill and it was largely through their influence that the bill was passed. With more such men in the next General Assembly the profession of the State can exercise a very decided influence in moulding and shaping medical legislation in this State.

The profession throughout the State can do a most valuable work in securing pledges from candidates and in advocating the need of such legislation in advance of the forthcoming election. Now is the opportune time to do good work in this direction. We have always maintained that our present status as a profession was largely due to professional apathy and indifference. No systematic effort has been made by the profession of this State to influence legislation in such directions as would correct the evils which now exist. Unless the profession individually and collectively arouses to the importance of the present opportunity and organizes, in advance, a movement to influence the law-makers and politicians of the State, the next session of the Legislature will pass by, leaving the profession and the citizens of Maryland in their present situation. We now call attention to this matter and throw open the columns of the JOURNAL, and its influence, to the discussion of this most important matter.

PROBING OF BULLET-WOUNDS.

Among the popular delusions of the present day from which the medical mind is not yet wholly emancipated is the belief that the contact of certain metallic substances with the deeper tissues of the human body may give rise to diseased states of the latter. In our boyhood we were taught by older persons about us that a scratch by a brass pin was poisonous. This statement was doubtless supported by many alleged facts in the experience of the community.

At the present time the people of the middle classes in our city are fully convinced that the imbedding of a bullet in the tissues of the body is liable to be followed sooner or later by serious consequences, not from the injury to vital parts traversed by the bullet, but from the "poisonous" properties of the lead. The friends of a small boy who has implanted a pistol bullet in his gluteal region or in the neighborhood of the femoral artery are never quite satisfied until the doctor "gets the ball out." Whether from fear of popular criticism, or from ignorance of surgical facts, it is unhappily true that many practitioners lay great stress on the importance of "probing for the ball," even in positions where common sense would teach them that they can never find it, and that their probing may lead to serious injury to the patient. Under some circumstances probing is justifiable, as when a ball has gone directly in and lodged against a bone close to the surface. In wounds by large bullets, probing by very clean fingers may frequently be advisable, but in wounds by small pistol-bullets which will not admit the finger the best treatment in nine cases out of ten is to dress without probing, even when the doctor can be relied upon for cleanliness.

The best treatment for most pistol-wounds is to cleanse the wounded surface at

once, then to lay an aseptic or antiseptic moist cotton wad over the opening, and *after this* to palpate the parts for the bullets. If it cannot be found by palpation, the pushing of a probe around in the cellular spaces will surely do no good, and it may cause septicæmia. A clean bullet is best left alone. If it could be known that any bullet-wound was septic, then the practitioner would be justified in laying the whole wound freely open with the knife, extracting the bullet, and dressing antiseptically; but as a large proportion of pistol-wounds, even when the clothing is pierced, are aseptic, it is best to treat all as aseptic until the onset of septic symptoms call for surgical interference.

GYNÆCOLOGY IN INSANE ASYLUMS.

Among the most promising fields for the activities of medical women is the insane asylum. The statement has been frequently made of late that a certain percentage of insane patients (female), owe their insanity to disease of the genital organs or of the sexual nervous system.

Letters from the authorities of different hospitals for the insane give opposite opinions as to the relation of insanity to the sexual nature of woman. Apparently the proportion of cases in which such sexual disorder is evidently at the bottom of the brain trouble, is small, very small. It must be admitted, however, that the male physicians attached as residents to insane asylums are not likely to exhaust the resources of gynæcological treatment in each of the cases in which such treatment might be of value. The aversion which many physicians feel (especially those who know little of gynæcology), to treating locally the disorders of the female sexual organs, is likely to be increased when the patient is deprived by her mental trouble of her self-control. Especially is it to be questioned whether the physician who also acts as superintendent of the asylum is likely to give necessary care to the sexual diseases of his female patients.

We look forward to the time when each insane asylum in the country shall have a female physician, trained in the department of diseases of women, attached to its staff, either as resident physician or as consultant. Under the circumstances which attend the separation of unfortunate women deprived of their reason from the tender care of friends and family, it is but right that they should have some one at hand to whom they might with least annoyance confide their most secret diseases with as little shame and reticence as possible. As we have said, the loss of self-control which allows the sexual passions in many cases to gain the mastery and which in many instances permits of excessive excitement of the amatory faculty at the touch or even the presence of a male attendant (a condition which is most likely to be associated with disease of the sexual organs), renders it only just and right that female physicians should be attached to every asylum for the insane.

Antifibrine is recommended as an efficient substitute for iodoform in the treatment of chancroids and also as an application to hard chancres, possessing the unquestionable advantage of being free from odor.

Medical Progress.

UNCONTROLLABLE VOMITING IN PREGNANCY.

Dr. J. Henry Bennet writes as follows to the *British Medical Journal* (June 27 1891): "In the *British Medical Journal* of May 30th I find my name quoted, along with that of the late Dr. Marion Sims, as recommending counter-irritation of the cervix in cases of uncontrollable vomiting in pregnancy. Allow me to say that the quotation is a mistake as regards myself, and probably as regards Dr. Marion Sims, who, I believe, merely endorsed my opinion which appeared as long ago as 1848 or 1852, in the second or third edition of my work on "Uterine Inflammation." What I did assert, and again assert after forty years additional experience, is that such uncontrollable sickness is often, not always, the result of inflammatory lesions, inflammation, granular conditions, ulceration of the cervix and its cavity, and will disappear in nearly all such cases if these local lesions were energetically and promptly healed and cured by appropriate local surgical treatment, fearlessly carried out, astringent injections, lead, zinc, sulphate, alum. If such sickness does not disappear under medical treatment I have laid it down as an axiom of practice that the cervix should be carefully examined in a good light, lithotomy position, the pelvis elevated with a large, full, conical speculum, the larger the more the pregnancy is advanced. My conical bivalve speculum answers the purpose admirably for the more advanced stage of pregnancy. These inflammatory lesions often exist in young married women, and increase in extent and importance as the pregnancy advances, growing with the growth of the uterus and its cervix. They often account for many of the pathological conditions of pregnancy in all its stages. The granulations on the ulcerated cervical surface often become fungoid as pregnancy advances, giving rise to uncontrollable hæmorrhages, the cause of which is not recognised. If these lesions can be and are treated and cured in time, not only is the sickness removed or rendered bearable, but the pregnancy is saved. I have saved scores upon scores of pregnancies under these conditions.

I resume my views in a few words. If sickness in pregnancy should become uncontrollable by ordinary medicinal means, I consider that a thorough surgical examination with the speculum as above is imperative. The touch cannot be depended on. If inflammatory lesions are discovered they must be treated and cured. If they do not exist, I do not myself recommend any surgical treatment; nor should I have the slightest reliance on mere counter-irritation of the cervix. Surely in so severe a state of things, when extreme measures are debated, there can be no real objection to so simple a step as the ocular examination of the cervix, an examination which is, or ought to be, painless. The question is very simple. If there is disease it must be healed; if not, it is a satisfaction to know that the cervix and its canal are healthy, and the other remedies preconised can be tried one after the other."

A GARGLE FOR FŒTID BREATH.

The following has been extensively quoted:

℞.—Saccharin
Sodii bicarbonatis } . . . āā ʒ i.
Acidi salicylici
Alcohol . . . . . ℥ iv.
Ol. meth. pip. . . . . gtts. xxx. M.

Sig. Teaspoonful in a wine glass of water, and use several times a day.

KOCH'S TREATMENT OF PHTHISIS.

Dr. C. Theodore Williams, in a lecture on the "Treatment of Phthisis by Prof. Koch's Method" (*Lancet* June 27), concludes as follows: "And now it will be seen that the evidence of the cases narrated does not confirm Professor Koch's conclusions, but like those of Professor Virchow, Ewald, and Dr. C. J. Nixon, they point out some of the difficulties and dangers of the treatment. There is no doubt about the penetrative action of tuberculin, and possibly if something were combined with it this remarkable power of selecting tubercle might be turned to account; as it stands at present in phthisis, its effect is to convert tuberculous masses, which may be perfectly quiescent, into cavities, and the process is by no means always a safe one. As regards the condition of our patients after treatment, all we can say is that they fared worse than the ordinary run of similar consumptives, and, moreover, that several of them improved considerably when transferred from Koch's system to the ordinary treatment of the hospital. There may be, and indeed there are, cases of phthisis in which the promotion of excavation is desirable, and for such the Koch method is indicated; but they are, I take it, exceedingly rare, and for the great mass of consumptive patients it is certainly not indicated. I close this lecture by the following conclusions: (1) Professor Koch's fluid has a strong affinity for tubercular material, which it appears to penetrate, and to produce inflammatory changes in and around all parts of the body; (2) that the changes in the lung set up seem to be partly necrotic—i. e., destruction of tissue,—but partly infective, producing fresh tubercle; (3) that the effect on tubercular consolidations is to cause their softening and excavation, and subsequent removal by expectoration or absorption; that this process of elimination of tubercle by excavation leads to extensive destruction of lung tissue and to the formation of a large number of cavities in lungs formerly the seat of quiescent tubercle, which may give rise to septic infection; (4) that this process is also at times accompanied by fresh tuberculosis in the neighbourhood either by infection of fresh tracts through tubercle bacilli passing down the bronchi, or by their penetrating into neighbouring alveoli; (5) that, on the other hand, the removal of the tubercular masses by excavation is occasionally followed by fibrotic changes in the lung, which cause contraction of the cavities thus formed, and in this way conduce to arrest of the disease, but that such favourable changes cannot be predicted beforehand; (6) that there is no proof of the possibility of the cure of phthisis by this method within the periods mentioned by Professor Koch, and that, as at present administered, its results are less favourable than those of the ordinary methods in use."

DIURETIN IN DROPSY.

Dr. R. H. Babcock, of Chicago, in *New York Medical Journal*, says in concluding his remarks:

1. Diuretin (Knoll) is a diuretic of great power and promptitude, suitable to all forms of dropsy.

2. Not increasing arterial tension, it is likely to succeed where digitalis, caffeine, and their congeners fail.

3. In cases of cardiac dropsy, with great feebleness of the pulse and arrhythmia, it will strengthen and regulate, rather than depress, the heart's action.

4. It appears to cause no irritation of the stomach or kidneys.

5. It requires to be given to the extent of from ninety to one hundred and twenty grains daily, and preferably in small doses frequently repeated.

6. It is best administered either in solution in warm water or in gelatin-coated

pills, since, if exposed to the air in powders, it undergoes change, with a precipitation of much of the insoluble theobromine.

THERAPEUTICAL VALUE OF VENESECTION.

Dr. John Mackenzie, L. R. C. P., L. R. C. S., Edin., writes to the *London Lancet*, (June 27): "Recently I was called to see an old lady aged sixty-eight, said to be suffering from a "weak heart and bronchitis." On examination, I found her actually suffering from chronic Bright's disease, mitral regurgitation, and considerable œdema of the lungs. One evening I had an urgent message that the old lady had a "stroke," and was dying. On my arrival she was semi-comatose, face livid, breathing irregular and slow; speech gone, eyes closed, pupils even, and sensitive to light. The right side of her face was flaccid and motionless, the left side strongly contracted; the right arm cold, clammy, and powerless; temperature in the axilla subnormal; heart's action feeble, but regular. She passed motions unconsciously while I was present. From those symptoms—aphasia, paralysis of the face and arm—I diagnosed rupture of one of the branches of the middle cerebral artery, involving Broca's convolution and the motor centres for the face and arm. My prognosis was very grave indeed; but I was constrained "to do something" to satisfy the anxious friends, and recollecting the remarks of Mr. Jonathan Hutchinson, at the Medical and Chirurgical Society on Jan. 27th, 1891, on Dr. Pye-Smith's paper—"that a very simple measure gave all the advantages of venesection, and that was placing the patient's feet up to the knees in a bath of very hot water for a considerable period: this local determination of blood appeared to act just as efficiently as venesection in cases of head and chest injury,"—I determined to use counter-irritation to the nape of the neck, and ordered the feet up to the knees to be covered with poultices, changed every two hours till morning. The awkwardness of placing such a patient's feet in hot water is obvious. To my surprise next morning she was able to speak—though imperfectly—and complained of pain in the left side of her head. Gradually the face resumed its normal shape, and motion returned into the arm. In less than a week not a trace of either paralysis or aphasia was present. In the words of Mr. Gay, "she made an excellent recovery." Evidently I erred in my diagnosis. This was another instance of how closely the apoplectic attack, due to functional disturbance of the brain, may simulate that due to hæmorrhage. It seems to me that the advantage of venesection in the aged is doubtful when the abstraction of an ounce or two of venous blood relieves the congested area. A corresponding relief can be easily obtained by changing the determination of blood as directed by Mr. Hutchinson, who, by the way, confesses to have alternately denounced and recommended venesection. Moreover, have we not a double advantage in his method—e. g., congestion due to a torpid condition of the cerebral circulation? (*a*) By the dilatation of capillaries there is an increased flow of blood to the part, thereby changing the determination of the vascular engorgement; (*b*) by reflex action, stimulating to action not only the cerebral circulation, but cerebral tissue as well."

TREATMENT OF ENDOMETRITIS.

Dr. Alexander Dunn, in *The British Medical Journal*, has recently reported wonderful success in the treatment of chronic endometritis with boric acid. He says that, "having obtained the most decided benefits in the treatment of vaginal leucorrhœa and erosion of the os and cervix, both acute and chronic, from vaginal application of boric acid," he "not long since designed a convenient form of insufflation for the purpose." Thinking he could go a step further and apply the

acid to the endometrium itself, he found that by means of a slightly curved vulcanite tube somewhat larger than a No. 12 catheter, with a tightly-fitting rod or piston of the same material, the application could be safely made. The insufflator or tube is tightly filled for about two inches from its extremity by plunging the end into a vial or other vessel containing the acid and withdrawing the piston. When so filled the tube is introduced through the patulous cervix into the uterine cavity, which has previously been cleaned with a wire curette. "The piston is pushed home and a stick of compressed boric acid is deposited in the uterus. By this simple means I have succeeded in curing quite a number of cases of this troublesome and intractable complaint, some of which had previously, both in my own practice and in that of others, resisted the usual routine caustic treatment. Judging by my own experience I should say that if this treatment be adopted as described, the most chronic cases of endometritis should yield to a dozen such applications at most, at intervals of three or four days."—*Dr. J. S. Cain in Med. News.*

DANGERS OF SULPHONAL.

Although sulphonal is probably one of the safest, as it is one of the most efficacious, among the hypnotics recently introduced, the series of cases published by Bresslauer, of Vienna, show clearly that it has certain dangers. The degree of peril is difficult to estimate, as the patients were lunatics, and were also apparently feeble; but the fact is significant, that out of seventy-seven patients who were treated with the drug, no less than seven showed serious symptoms, and in five of these there was a fatal termination. It ought to be mentioned that the patients had been taking the drug for a considerable time in good doses, and had borne it well until symptoms of disturbance set in, these being great constipation, dark-brown urine, slow, or in some cases rapid but feeble, pulse, discolored patches resembling purpura on the limbs, and great prostration. In the cases which ended fatally, the cause of death was heart failure, with œdema of the lungs.—*The Lancet.*

CHAFING OF TRUSSES.

De Garmo recommends highly the following, not only for use with trusses, but wherever a toilet powder is used for children:

℞—Amyli . . . . . ℥ iv.
Cretæ gallicæ . . . . . ℥ ij.
Alum. ust.
Acidi boracic. } . . . āā ʒ ij.
Acidi carbolici
Ol. limonis } . . . āā ʒ ss.

M.—Sig.: Powder very fine.

Where an abrasion has once occurred and is slow to heal, on account of the constant wetting by the urine and the irritation of the truss, the author has found nothing better than the balsam of Peru.—*Med. Rec.*

TREATMENT OF BURNS AND SCALDS.

Having observed the good results obtained from the application of rubber cloth to wounds upon which skin has been grafted, as well as to the surface from which the graft has been taken, Dr. O. P. Barber, of Saginaw, Michigan, has suggested a similar procedure in the treatment of burns and scalds. The burned surface is freely irrigated with carbolized water, all necrotic tissue removed and blebs punctured. Then the entire wound is snugly wrapped in rubber tissue that has been kept in a carbolized solution. Over this is placed absorbent cotton and a

bandage. The advantages claimed for the dressing are that it relieves pain, that it does not adhere to the wound, that it excludes air, and that it protects the granulations, whilst preventing their exuberant growth.—*Med. News.*

PHENACETIN IN INFLUENZA.

I am enabled to give the fullest corroboration to the testimony borne by Dr. Henry to the excellent effects of phenacetin in epidemic influenza. During the present epidemic I have used it in the early stages of the illness almost to the entire exclusion of other drugs. I usually prescribe it in doses of from five to ten grains, given either in cachets or suspended in milk, with directions that it is to be repeated in an hour if the pains are not fully relieved, and then every four hours till the patient is seen again. As a result it has been my experience that the headache and pain in the eyeballs, back, and limbs have been relieved certainly after the second dose; a satisfactory condition of diaphoresis has been induced; and on my visit the next day the temperature is almost invariably normal, or thereabouts. I should also add that, as a rule, I give at the same time a dose of calomel, followed by a seidlitz powder three hours later. Comparing the results of treatment in the cases in which I have used phenacetin with those of the previous epidemic, in which I relied on antipyrin and salicin, I am fully convinced of the superiority of the former method. The greater rapidity with which the pains are relieved is very striking. I have seen no bad symptoms whatever as the result of the use of the drug, though I always exercise particular caution with regard to the dose in the case of elderly or debilitated patients. In my opinion, both for cases of influenza and as an analgesic in neuralgia and migraine, phenacetin should rank as one of the most valuable of our more recently acquired pharmaceutical preparations.—Arthur H. Weiss Clemow, M. D., in *Brit. Med. Jour.*, June 27.

Personals.

Dr. F. Peyre Porcher, of Charleston, S. C., who has recently received the honorary degree of LL. D. from the University of South Carolina, is as much distinguished for contributions to botany as to medicine. He is also a gentleman of ripe scholarship in the field of letters. Dr. Porcher was surgeon in the C. S. Army and during the war prepared a medical botany of the Confederate States, which was published by the order of the Surgeon General at Richmond, in 1863. He has been president of the South Carolina State Medical Association. For some years he was one of the editors of the *Charleston Medical Journal and Examiner.* Dr. Porcher was born in 1824.

Dr. T. G. Richardson, of New Orleans, La., has been connected with the medical department of Tulane University for thirty-seven years. He was professor of anatomy from 1852 to 1872, and of surgery from 1872 to 1879, and dean of the faculty from 1865 to 1885. His liberal-minded wife, sharing his lively interest in the promotion of medical education in the South, has donated $100,000 to advance the welfare of the school with which her husband's name has become inseparably connected. Dr. Richardson has been president of the American Medical Association and the recipient of many honors from the profession and people of his State.

Dr. J. K. Thacher, Prof. of Physiology in Yale Medical College, who died recently at the age of 54, is said to have been the first scientist to have claimed that the limbs of the higher vertebrates were developed from the fins of fishes.

In the death of Dr. J. Brown Baxley, Jr., of this city, which occurred at his father's residence on Madison Avenue, on July 12th, the profession loses from its ranks a useful and much esteemed member. Dr. Baxley was a graduate in pharmacy and subsequently took his medical degree at the University of Maryland. For some years he has been one of the physicians to the Baltimore General Dispensary. He was a physician of very quiet and unobtrusive manners, but gave promise of a most useful professional career. He was 35 years of age and was not married. His death was the result of Bright's disease.

Dr. H. L. Hilgartner has resigned the position of resident physician to the Presbyterian Eye and Ear Hospital of Baltimore, and will locate in Austin, Texas. Dr. A. D. McConachil has succeeded to the position vacated by Dr. Hilgartner.

Dr. John H. Rauch, the active and efficient secretary of the Illinois State Board of Health, since its organization in 1877, has resigned this position. Dr. Rauch has been a most active worker in the department of sanitary science, and has rendered invaluable service to the cause of medical education and public sanitation. It has been largely through his work that the standard of medical education throughout the country has been elevated to its present position, for the requirements of the Illinois State Board of Health have been largely instrumental in developing a more thorough course of instruction upon the part of medical colleges.

The death of Sir Prescott G. Hewett removes one of the great English surgeons from the ranks of the profession and makes a gap which can not soon be filled. He was born in 1822, completed his education in Paris, and upon hisreturn to London became demonstrator of anatomy in the school of St. George's Hospital. Upon the retirement of Mr. Cæsar Hawkins, he became full surgeon in 1867. In 1882, he was made a baronet. By hard and thorough work he rose from an humble position to the highest ranks of his profession.

The death of Dr. Fordyce Barker, the eminent obstetrician and gynecologist, which occurred recently at his residence in New York City, has called forth numerous expressions of regret from the profession, both in this country and in Europe, where he was widely known and greatly honored. Dr. Barker was a picturesque character. He possessed such charming personal and intellectual characteristics that he was beloved by all who came in contact with him. His personal appearance was extremely handsome, whilst his manners were most engaging, condescending and courteous. No physician in this country has probably exercised a more influential hold upon his patients. He used his big heart and great talents in behalf of the highest professional aims and works.

The following Baltimore physicians are taking a rest at Ocean City, Md.: Drs. Herbert Harlan, J. B. Schwatka, Claude Van Bibber, D. Sanger, and J. W. Funck. Dr. Sanger is resident physician to the Atlantic Hotel. Dr. J. B. Schwatka is building a cottage with a view to residence at this resort during the summer season.

Dr. E. F. Cordell is spending the summer at Atlantic City, where he will engage in professional work for the time being.

Drs. John R. Winslow, Frank W. Chisolm and H. A. Kelly, of this city, are spending their summer in Europe.

Dr. A. K. Bond has been elected lecturer on the diseases of children in the Baltimore Medical College and physician to the Maryland General Hospital.

Dr. F. B. Gavin has been elected lecturer in Pathology and Histology in the Baltimore Medical College.

Dr. W. E. Moseley, of this city, is spending the summer on the coast of Massachussetts, near his old home.

Medical Items.

The American Society of Microscopists will hold its fourteenth annual meeting at Washington, D. C., August 10 to 14, 1891.

Headache almost always yields to the simultaneous application of hot water to the feet and back of the neck.—*Ex.*

The nineteenth annual meeting of the American Public Health Association will be held in Kansas City, Mo., on October 20, 21, 22 and 23, 1891.

A Wiesbaden physician cured a wealthy patient of a dangerous disease. He thereupon gave $500,000 to found a hospital. He should have given a like sum to his doctor.—*Med. Rec.*

No greater mistake was ever made than to impress the community that doctors are poor business men. Straightforwardness, promptness, reliability and firmness are elements by which a man's qualifications are determined.—*Ex.*

The Chicago Medical School enjoys the honor of being the first medical school in this country to adopt the three years' graded course. While her classes have not been as large as some other schools, the work done by this institution has been second to none.

On June 14th a memorial bust of Ferdinand von Hebra, the famous dermatologist, was placed in the Arcade of the University of Vienna. Professor Kaposi, von Hebra's son-in-law and successor in the chair of skin diseases at Vienna, delivered an address on the occasion.

The Massachusetts Legislature has enacted a law which provides that all inmates of charitable or penal institutions who are found to be suffering from syphilis shall be isolated and treated, and if necessary detained in the institution until the infectious stage of their disorder is passed.

Recent statistics collected by the U. S. Marine Hospital Bureau show that the total number of insane persons treated in both public and private institutions during the year 1889 was 97,535, while during the year 1881 there were 56,205, an increase of 75.53 per cent. in nine years.

The editorial chair of the Cincinnati *Lancet-Clinic,* made vacant by the transfer of Dr. Culbertson to the *Journal of the American Medical Association,* has been filled by the selection of Dr. A. B. Richardson—Dr. J. C. Oliver and Dr. L. S. Colter being associate editors.

The wealthiest Insane Asylum in this country is probably the Sheppard Asylum of this State. Endowed in 1857 with $560,000, the trustees, using the interest alone, have spent $880,000 in buildings and land, and still have a capital of $600,000.

It is stated that the number of Jewish patients in Prussian lunatic asylums has nearly quadrupled in 16 years. In the German Empire the proportion of insane persons among Jews is 389 in every 100,000, the corresponding ratio among Protestants being 241, and among Roman Catholics 237.—*Brit. Med. Jour.*

A Hamburg merchant, Herr C. H. von Donner, has given 2,000,000 marks (£100,000), for the erection of a hospital for women's diseases, in acklowledgement of the saving of his wife's life by the skill of a Dresden surgeon.—*Brit. Med. Jour.*

Spain is determined not to be behind the age. A lady, Dona Concepcion Aleixandre, has recently been appointed to the staff of the Hospital de la Princesa at Madrid. She is the first lady doctor who has succeeded in obtaining a public appointment in Spain.—*Brit. Med. Jour.*

A policlinic, where poor patients can obtain medical advice gratuitously, has recently been established in Lisbon. The new institution owes its existence to the initiative of Dr. Antoniode Lencastre, with the co-operation of the professors of the Lisbon Medical School and some members of the staff of the San José Hospital.—*Brit. Med. Jour.*

It is stated that the Austrian Minister of the Interior has recently issued an ordinance that the burgomasters of all communes must exercise strict supervision over the medical men practising within their jurisdiction in the matter of legibility of prescriptions. They are charged to see that every prescription is clearly and legibly written in all its parts, so that there may be no doubt as to the remedy, the dose, or the signature.—*Lancet.*

The committee appointed by the American Medical Association to effect a permanent organization of the Inter-Continental American Medical Congress, met at "The Arlington," Washington, May 7, 1891, and elected the following officers: Drs. Charles A. L. Reed, Cincinnati, O., Chairman; J. W. Carhart, Lampasas, Tex., Secretary; I. N. Love, St. Louis, Mo., Treasurer. On motion, the officers were appointed a special committee to draft a constitution, and report the same at the adjourned meeting of the General Committee, to be held at St. Louis, Mo., October 14, 1891, when the time and place of meeting of the Congress will be decided and permanent officers be elected.

A despatch announces that the resignations of the Board of Censors of the College of Physicians has been placed in the hands of the Secretary, Dr. Charles W. Dulles. The board consists of Drs. Goodell, Stillé, Hunt, and Da Costa. This action was taken because the college, by a vote of 45 to 40, postponed consideration of the board's recommendation that Dr. Joseph Price, a prominent member of the college, be censured for using slanderous language toward one of the Fellows of the college. It is understood that the final retirement of the board will depend largely upon the action that may be taken by the college at its September meeting. If the college should reconsider its postponement of the question and sustain the Board of Censors, the members may be induced to reconsider their resignations. They are loth to discuss their action, owing to the fact that they feel keenly the disregard by the college of their recommendations. A personal friend of the members of the board, who has discussed the matter with them, said to-night: "The College of Physicians was instituted in January, 1787, and after an existence of one hundred and four years this is the first time that the Board of Censors' recommendations have not been approved."—*Med. Rec.*

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 13. BALTIMORE, JULY 25, 1891. NO. 539

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Original Articles.

THE DEFLECTED NASAL SEPTUM; ITS SIGNIFICANCE, CAUSE AND TREATMENT.*

BY S. K. MERRICK, M. D.,

Professor of Diseases of Throat, Nose and Chest, Baltimore Medical College, etc.

Before entering upon the discussion of the subject of this paper, I will briefly review the anatomy of the nasal septum and adjacent parts.

The nasal cavities, which are wedge-shaped, with a narrow arched roof, extend from the nostrils to the upper part of the vault of the pharynx. Their outer walls have, running throughout their whole extent, antero-posteriorly, three bodies known as the turbinated bones, inferior, middle and superior. The spaces which separate these bodies are called meati inferior, middle and superior. The nasal cavities are separated the one from the other by a septum or division-wall composed of the perpendicular plate of the ethmoid bone and the vomer posteriorly and the cartilaginous septum anteriorly, thus presenting a smooth surface as the inner wall of each cavity. The floor is formed by the palatine process of the superior maxillary bone and by the palate bone and runs in a slanting downward direction from before backward. The roof is formed by the nasal bones and nasal spine of the frontal in front, in the middle by the cribriform plate of the ethmoid and posteriorly by the under surface of the body of the sphenoid bone. Directly communicating with the nasal cavities, by narrow channels, are other cavities situated in the bones of the skull, the lining mucous membrane of which

*Read before the Clinical Society of Maryland, April, 1891.

may be largely affected by pathological processes in nasal diseases. There are the Antra Highmoriana, large triangular cavities situated in the body of the superior maxillary bones and communicating with the nasal cavities by an irregular opening in the middle meatus; then the frontal sinuses, which communicate by means of the infundibulum, a narrow opening with the middle meatus, the sphenoid cells, in the body of the sphenoid bone, communicate by small openings with the superior meatus; lastly, we have the lachrymal duct, which carries the tears from the eyes to the nasal cavity.

In the cartilaginous septum of the lower animals, we find a small cavity, lined with mucous membrane, called, after its discoverer, Jacobson's organ, the minute anatomy of which has been described by Kline in the *Quarterly Journal of Microscopical Science*, January, 1881. This organ in man is, however, only rudimentary.

The nasal cavities are lined with mucous membrane, which varies greatly in thickness in different localities and which materially decreases the size of the cavities in the living subject from that seen in the denuded skull. Immediately beneath the mucous membrane and between it and the periosteum of the bony walls and the perichondrium of the cartilaginous portion of the septum, we find a tissue which bears a striking resemblance to the erectile tissue of the genital organs, according to Henle.

This cavernous erectile tissue is most abundant at the lower portion of the septum and the lower turbinated bone, and although it has been recognized and described as true erectile tissue by Henle, Virchow and others, yet to Prof. Bigelow, of Boston, belongs the honor of having first called attention to the part which this tissue plays in nasal disease. The normal nasal septum, as I have said before, presents smooth even surfaces or planes to the nasal fossæ and serves as a dividing-wall between the same, but disease may render these surfaces very uneven, rough and angular. One of the most common causes disturbing the normal relations of the septum, is deflection.

Sajous says: "Few, if any, subjects may be found in whom the septum nasi presents a perfectly perpendicular plane. Bosworth says Quelmalz, of Leipsic, (1750), was the first to describe septal deflections, attributing their existence to the habit of putting the finger into the cavity; while Morgagni in about 1767, made more special investigations of these parts, assigned excessive growth of the septum as the cause, it becoming too large to fit in its bone frame-work, thereby becoming warped. The following statistics are from Bosworth. He gives statistics by three authorities, aggregating 224 skulls examined, of which 70 per cent. had deflected septums. They were all dry skulls, and thin bones are apt to be warped in drying. Zuckerkandl, who has perhaps made the most thorough study of this subject, bases his statistics on an examination of the cadaver and affords, in consequence, more accurate data. In 370 crania examined, 123 symmetricals, 140 asymmetrical nasal septa were found. Lowenburg, loc. cit., after making several hundred examinations of skulls, says only about one case in seven has an absolutely straight septum in all its parts, while Mackenzie, in an examination of 2152 skulls in the museum of the Royal College of Surgeons, found 1657 cases of deflected septa in a greater or less degree. The dry skull here, as in those first quoted, shows about 70 per cent. of deflections, while a study of the cadavera brings the percentage down to 40 per cent."

"A study of the living subject gives us still further information, Heymann going so far as to state that ninety-nine per cent. of all cases examined will show deformities." Bosworth observes, "This would seem rather an extravagant

statement. If we recognize only these deformities which give rise to morbid symptoms, certainly the percentage should be very much reduced."

A notable difference as regards race was observed by Zuckerkandl; out of 103 barbarous or semi-barbarous people only 24 had asymmetrical septa. Meckenzie's observations confirmed this statement, as only 22.6 per cent. of symmetrical septa were found in the superior races. Harrison Allen also found in 93 negro skulls deformity in only 21.5 per cent.

It would be safe to say that probably about 25 per cent. of the civilized races have deflected nasal septum amounting to a pathological condition, and this accounts largely for the great prevalence of nasal catarrh.

Varieties of Deflections.—Lowenburg classifies deflections as vertical, horizontal and irregular, and the horizontal he subdivides into superior and inferior horizontal. Drs. John Mackenzie and Ingalls have made other classifications. The sigmoid deflection is another form described by some authors. In this deflection we have one portion of the septum bulging into one nasal fossa; another portion bulges into the other, thus resulting in a double stenosis. In vertical deflections, the long diameter of the bulging cartilage runs in a vertical direction, while in the horizontal form the long diameter runs antero-posteriorly. In the irregular forms the prominent cartilaginous ridge may have almost any direction; sometimes the whole cartilaginous and bony septum may bulge into one of the cavitives, as if it were too large to fit in its bony frame-work. A deflection involving the posterior extremity of the vomer probably never takes place. In all true deflections there is found a depression on the opposite side of the cartilage. At the sutured junctions of the cartilage are often found prominences or spurs, which may come in contact with the turbinated bodies and give rise to much stenosis and be mistaken for deflections, but here the depression on the other side of the septum is wanting and this will serve to differentiate the two pathological conditions.

Cause.—These deformities have given rise to much discussion, as to the causation, and many theories have been adduced to explain their occurrence. When a fracture of the septum results from a direct blow, there is no room for speculation; when, however, the sigmoid flexure, unilateral bulging and sutural ridges are mentioned, their causation opens up a wide field for discussion.

One or two of the older writers believed that deflections might be produced by the action of astringents drying up the membrane and causing it to contract, thus bending the cartilage. Cloquet believed the deviations due to defect in the primary laws of organization. Morgagni thought excessive development of the vomer was the cause of these deflections; Cassaignac holds the same views. Trendelenberg was the first to suggest that a highly arched palate might crowd up a nasal septum and cause it to bulge. Jarvis reported four cases, occurring in the same family, in a paper read before the American Climatological Association, May 27th, 1885, showing conclusively that heredity and the elevated palatine arch as a consequence, were the cause of the deflected septa in those cases and it is safe to assume that heredity is an etiological factor in *many* cases of distorted or deflected septa.

For the past four or five years I have been looking out for this class of cases and I have been surprised at the large number I have seen. Faulty development of the bones of the face, a real scoliosis, has been held to be the cause of deflected septa by some authors, and it is not improbable that there are such cases and that rachitis may lie at the bottom of them.

There is another class of cases, congenital, where the septum becomes injured or

displaced *in utero* or during the progress of labor. But the most common cause of divided septum is doubtless traumatism, and the elevated arch comes second as an etiological factor. When traumatic, Bosworth says, "The point which I would particularly emphasize in this connection is, that in the first place, morbid lesion results from a slow process of development, and secondly, that the catarrhal symptoms which ensue, develop only after another lapse of time, the original injury which has set in play all these forces occurring in infancy or childhood."

Inflammatory action (as proven by histological investigation), of the masses removed, has often much to do with these deformities. The evidences of inflammation disappear, however, in some cases of long standing; we may have a deflected septum when the thickening, from inflammatory perichondritis at the point of most prominence, is the chief factor in producing stenosis, as the septum may deviate from the median line so far as to produce nearly complete stenosis without thickening.

Significance.—The general practitioner, I have reason to believe, does not attach much importance to deflected septa, unless serious trouble is caused thereby, and then not always if the most annoying symptom is located elsewhere than in the nose. During the past week an intelligent physician in full practice sent me a case whose larynx he wished me to examine. After examining the patient's larynx, nose and nasopharynx I was convinced the laryngitis which was present was due to a deflected septum and wrote him a note to that effect. A few days afterward I saw him and he frankly told me he did not see what a deflected septum had to do with producing a laryngitis.

Bosworth, in his admirable work already quoted, after reviewing all the etiological theories which have been advanced by various writers in explanation of the existence of chronic hypertrophic rhinitis, affirms that he believes the deformed septum is by far the most common cause of chronic nasal catarrh. The stenosis which results causes rarefaction of the nasal fossa and this rarefaction invites the blood to the surface of the mucous membrane and thus sets up a chronic hyperæmia which sooner or later results in true chronic hypertrophic rhinitis or chronic nasal catarrh.

That chronic laryngitis is induced sooner or later by chronic hypertrophic rhinitis, there is a general concensus of opinion among throat specialists and need not be seriously discussed here.

When the deformity is so great as to completely occlude one nostril, the mucous membrane covering the turbinated bodies of that side will collapse and lose its normal color, becoming exsanguinated and white. The functions (so important to health, viz.: washing and moistening respired air, filtering germs and dust out of it), cease on that side and the opposite side in performing the double duty soon becomes the seat of marked hypertrophy in the turbinated bodies. Added to laryngitis as a sequel of the deflected septum we have bronchitis, the various forms of otitis, asthma and hay fever dependent upon the condition, in many cases. There is abundant literature in support of the foregoing statement emanating from the foremost laryngologists in this and other countries, to which I can add my own experience, gained from the examination and treatment of many hundred cases.

In view of these facts, can we very well over-estimate the full significance of a badly-deflected septum nasi? But there is not the whole train of evils which may follow a deflected septum.

The favoring conditions for the development of the bacillus tuberculosis, we are told by Koch, are pent-up secretions, removal of the protective epithelium of the

bronchi, abrasions, etc., and here is the proper soil for the lodgment and growth of the deadly tubercular plant. Now these are exactly the conditions found in chronic catarrhal inflammations of the nasal, laryngeal and bronchial mucous membranes. Koch has further declared that air passing through the nose is deprived of germs as well as other irritating substances. Nasal secretion is an irritant to the larynx, which it often reaches in catarrhal processes of the upper air passages. So is the air of mouth-breathers, which not having passed through the nose, is not warmed, moistened, or deprived of dust and other irritants.

It would be an interesting statistical study to note how many cases of purely catarrhal phthisis and fibroid phthsis have deflected septa. I feel sure that a large percentage could be traced to this condition as the *"fons et origo mali."*

Inflammation of the antrum Highmoriani by extension from the middle meatus, asthenopia either by extension or reflex action and reflex coughs have all come under my observation, as results of the deflected septum, and one case of each especially selected as proving the correctness of the diagnosis, will be reported at the end of this paper.

Treatment.—The correction of the deflection, or removal of the protuberant knuckle of cartilage or bone, or both, together with the hypertrophy of the turbinated bodies, are the indications in the treatment of deflected septa. There have been many methods proposed for accomplishing these ends; I shall mention only by name some of the methods which have been recommended from time to time, directing my chief attention to those which I have employed myself.

Quelmaltz was the first who recommended a method of treatment. He recommended that the patient press the deflected cartilage several time a day back into position and hold it there. Dieffenbach recommended the cutting off with a knife of the projections. Cassaignac recommended the dissecting up of the mucous membrane and the making of a number of incisions through the cartilage, thus rendering it more pliable and capable of being more easily returned to its normal place, the cartilage then being kept in position by a plug.

Ingalls excises a V-shaped piece of cartilage and then brings the parts together with sutures. Now, these operations are recommended for the simply deflected septum, without accompanying thickening or bony spurs.

Heymann and Seiler remove the projections by a chisel, while Demarquay and A. C. Post, of New York, open the nasal cavity by an incision through the ridge of the nose in the median line, so as to give free access to the parts. I agree with Bosworth that cutting the facial integument should rarely or never be resorted to for the correction of deviated septa. Blandin's punch was at one time much in vogue. This instrument is not unlike a shoe-punch, the disk of cartilage being removed at the point of greatest prominence, leaving a hole in the septum, the edges of which are apt to be in a state of chronic ulceration and the site of annoying incrustations.

In my opinion, this is an objectionable method of relieving the stenosis. Steele's stillate punch is a more scientific instrument, and has in my hands been successful in the simply deflected unthickened septum.

Bosworth and Dr. Jno. Mackenzie both agree that it has failed in their hands to make the septum sufficiently pliable. Their cases probably had thickening as well as deflection. In the last case I operated upon, the septum after operation was easily pushed in to the unobstructed fossa and would remain in situ of itself. But plugging of the stenosed fossa is necessary, as slight movements of the nose cause a return of the septum unless forcibly prevented. Ivory or hard rubber plugs are used by some for this purpose but I think absorbent cotton is more

generally used. This is what I use and I regard it as equal to the harder plugs and much more comfortable to the patient.

For removing the thickened deflected septum, Woake's or Bosworth's saw, Jarvis' snare with transfixion needle and the galvano-cautery are, I think, the best means. When bony formations have peculiar shapes the dental burr is highly recommended by Seiler. The success of the operation depends upon four things, viz.: 1st, the skill of the operator; 2nd, the character of the deflection; 3rd, the selection of proper methods of operating; and 4th, the subsequent treatment. To give the details of operating by any one or all of the last-named methods would lengthen my paper beyond your patience I fear, and I shall end it with the report of the following cases.

Case 1.—January 31st, 1888, I was called to see Mrs. S., married, age 42, who was confined to her bed with soreness and neuralgia of the face, right side, from which she had been a sufferer periodically for 20 years, having been treated for same by nearly as many physicians. I was called in at the instance of a patient, who thought Mrs. S. must be suffering from obscure nasal disease, judging from the symptoms as related to him by the lady herself.

I found my patient in bed, greatly reduced in flesh, sallow and dejected to the last degree, saying she never expected to get well, but sent for me to gratify her friend and to ascertain whether there was any disease of the nose which the specialist could reach. I lifted the tip of her nose and an ugly deflection of the triangular cartilage was visible, pressing against the middle and inferior turbinated bodies, causing much hypertrophy of the latter and resulting in nearly complete closure of the right nostril.

I gave her temporary treatment and ordered her to come to my office as soon as she was well enough to leave her bed. In a day or two she presented herself at my office, a miserable, emaciated, sallow, unhealthy-looking woman. I neglected to state that she had a cough, bronchial catarrh, and fugitive pains about her chest, located, I thought, in the pleura.

She was given tonics internally and local treatment was at once begun. She was under my care from February 1st to June 1st, during which time I did four operations with galvano-cautery on hypertrophied turbinated bodies and removed the sharp knuckle of cartilage which pressed upon the former, using at the same time sprays of about 10 grs. solution of borax, for cleansing the nasal fossæ. The great hypertrophy of the middle and inferior turbinated bodies, encroaching upon the middle meatus, had produced closure of the opening leading to the antrum, which had itself become affected by catarrhal extension, involving its lining mucous membrane.

Reduction of the hypertropies and removal of the deviated septum established free nasal breathing and drainage and the result was the cure of the case of 20 years standing. During this time she had been treated for facial neuralgia but never for intra-nasal disease. The bronchial catarrh cleared up long before the patient was discharged.

About 6 months after my patient was discharged, she came to my office one day. I failed to recognize her at first; she had gained about 30 pounds of flesh and was perfectly well, she said, and had only dropped in to *show* herself. The result in this case was of course *exceptionally* good.

Case 2.—Mr. R. age, 33, married, came to consult me August 4th, 1890, about his throat. The symptoms complained of were those incident to hypertrophic catarrh and need not be enumerated.

The laryngoscope and rhinoscope revealed hypertrophic rhinitis and pharyn-

gitis and mild laryngitis. Anterior illumination and inspection of nasal fossae revealed a vertical deflection of the triangular cartilage on the left side and an exostosis on the floor of the nose, same side, just anterior to the bulging cartilage. After spraying with an alkaline and antiseptic solution and cocainizing the parts, the protuberant knuckle of cartilage was removed with Bosworth's saw and a few days after a portion of the bony growth on floor of nose was removed by same instrument and local treatment continued for a week or more, when I was informed by patient that the cocaine solution I had been using in his nose had cured his eyes. I had not known before that he had eye-trouble, although I had noticed his wearing glasses. He said he had worn glasses for years, but that in the past few days he had found out that he could see perfectly without them and that he had attributed the cure to the cocaine.

I told him the cocaine had nothing to do with it; that the amelioration of his nasal catarrh was the real explanation of his restored vision. From all I could gather from him he had been suffering for years with asthenopia, which was doubtless dependent upon nasal catarrh, which in turn was dependent on stenosis and the removal of the last condition relieved the two former.

Case 3.—Miss R., age about 60, single, was sent to consult me by Dr. C., on May 1st, 1891, suffering from a harassing, persistant, dry cough. Dr. C. believed there was some growth in the larynx, as he had failed to find a cause in the lungs to explain the cough. The laryngoscope failed to discover growth or other cause located in the larynx, beyond a mild laryngitis, which could account for the cough. Auscultation and percussion revealed no evidence of disease of the lungs. The rhinoscope mirror failed to find anything in the naso-pharynx or posterior nasal fossæ explanatory of the symptoms. Anterior illumination and inspection revealed a cartilaginous spur in the left nasal fossæ, the point of which was imbedded in the middle turbinated body. I thought this might account for the cough and determined to remove it. Bosworth's saw was again used and the growth was taken off as near as could be on a plane with the normal part of the septum. After the operation was completed, I used the probe to ascertain the condition of the turbinated body and my patient told me all the pain caused in probing was felt, not in the nose, but in the larynx. I repeated the manipulation and she assured me the only discomfort was felt in the larynx. The cough was reflex and in a few days after the operation it had nearly disappeared.

SOME PRACTICAL POINTS IN ABDOMINAL SURGERY.*

BY JOHN H. MCINTYRE, A. M., M. D., OF ST. LOUIS, MO.

"Suppose I give a hint to you,
Suppose you give a point to me;
Then I shall give a hint to you,
And you will give a point to me"—

in the discussion which I hope will follow the reading of this paper. In my opinion, any "point" or suggestion which diminishes the risk to life after laparotomy is an important one.

The first point to which I call your attention is that of anæsthetics, the safest and best of which is bichloride of methylene used in Junker's inhaler. I have used it in laparotomy work for the past ten years without a single untoward symptom, and with the greatest satisfaction, and upon many occasions have put it to

*Read before the State Medical Association of Missouri, at Excelsior Springs, Mo., May 21, 1891.

as severe a test as it is possible to put an anæsthetic. By its use, anæsthesia can not only be promptly induced, but safely maintained for any desired length of time, and it is rarely followed by nausea and vomiting. By the use of the inhaler of Junker overdosing is next to impossible. In reality, the patient takes inspired air, charged with the vapor of bichloride of methylene, and it is surprising what a small quantity is required in doing a prolonged operation.

Short incisions constitute another point of excellence, and should never be extended beyond the point of necessity in removing a growth of given size without bruising the tissues. In removing the ovaries or Fallopian tubes, or both, it is rarely that the ventral incision need be over two inches in extent.

In dealing with adhesions, perseverance by well directed effort will always succeed; remembering, however, that violence is always harmful and the necessary force should be that of gentle momentum. Intestinal adhesions should be separated as far from the gut as possible, for by so doing the danger of hæmorrhage is much lessened; they should be carefully examined afterward, as the placing of a Lembert suture in the proper place at the opportune moment will prevent the mortification of a future fecal fistula.

In the management of the pedicle, I always use Japanese cable silk, transfixing and tying the ordinary surgical knot when dealing with large tumors; for removal of the appendages, I am partial to the Staffordshire knot of Tait.

Drainage.—"When in doubt" I always drain, and prefer the Keith tube to all others, and am a thorough believer in flushing the abdomen with a large quantity of hot distilled water. It is marvelous sometimes to see how many blood clots can thus be washed out, even after careful sponging; besides, it is one of the best methods of relieving shock.

Closure of ventral wound can best be done with silk worm gut; it is the ideal suture, as it is round, smooth and very strong, and can be rendered perfectly aseptic. As it is rather stiff, it should be steeped for a few hours before using, in a solution of some kind, so that it can be tied tightly. It should be threaded at each end upon straight or slightly curved veterinary needles. The needle, being held in the grasp of the Spencer-Wells needle holder, should be passed from within outward, always including the peritoneum. Sutures should be placed five or six to the inch. The frequent cause of ventral hernia following abdominal section is an insufficient number of sutures.

After-Management.—For the first twenty-four hours, nothing should be taken into the stomach, except a little hot water; bits of ice chewed or swallowed do not relieve thirst. The second day a little barley water may be allowed, and on the third day she can be promoted to a chicken wing, when, afterwards, if everything goes well, almost any light diet may be allowed.

When pain is present, I use but little morphia, on account of its tendency to arrest secretions and thereby prevent the elimination of morbid material, but in its stead, for more than a year past, have used antikamnia, with happy effect. It soothes and tranquilizes and lessens the tendency to rise of temperature.

Stitch-hole sinuses can best be obviated by early removal of the sutures. It is rarely that I allow sutures to remain in the ventral wound longer than the eighth day, and I often remove them as early as the sixth.

He who essays to do abdominal and pelvic operations should by previous observation and training be so fitted for his work that when he comes into "action" he will be "ready for anything and surprised at nothing."

The best place in which to obtain the highest grade of success is not in large

general hospitals, neither is it in "the cottage by the wayside," but in a small, especially prepared establishment, under the absolute control of experienced management.

614 Olive Street.

Lectures.

CONCENTRATED FOOD IN THE TREATMENT OF PULMONARY CONSUMPTION.*

BY THOMAS J. MAYS, M. D.,

Professor of Diseases of the Chest in the Philadelphia Polyclinic, and Visiting-Physician to the Rush Hospital for Consumption, of Philadelphia.

Calling attention to the importance of nourishing diet in the treatment of pulmonary consumption is so trite that it barely deserves repetition; yet old as it is, it is no less true to-day than it ever was. Indeed, it may be laid down as a fundamental proposition that the cases of consumption which cannot be reached through the instrumentality of food, have certainly slim prospects of recovery. It is, also, no less true on the other hand, that if your patient can be made to partake of, digest and assimulate a sufficient amount of food, it matters little in what condition his lungs may be, he will, with ordinary good management, make a good recovery, in the great majority of instances. Failure to get well under these circumstances is the exception. To make your patient eat, then, is the great problem to solve in the cure of this disease, yet everyone realizes the enormous difficulties which are constantly placing themselves in your way. Very little can be done to attain this end by only addressing medicines to the stomach. You are required to raise higher than this, and to take a general survey of the whole condition of your patient. In other words, it is absolutely indispensable that you should regulate his exercise, his rest, his sleep, and his eating; in fact, you must have a systematic supervision of all he does during the whole twenty-four hours.

I have arrived at the conclusion long ago that a consumptive patient who is fatigued cannot eat. So his appetite will greatly depend on how much, or how little exercise you prescribe for him. If much exercise tires, then less must be taken; and if little exercise tires, then absolute rest must be insisted on.

Many of these poor people exercise themselves to death. Digestion, like exercise, requires a certain degree of bodily strength. The strength which is expended in performing exercise deducts so much from the sum total of the bodily forces, and in most cases leaves too small a residuum to carry on the processes of digestion, absorption and assimilation, and is the principal cause of the persistent anorexia. I am well aware of the prevalent impression that exercise is one of the essential promoters of a good appetite, but all you need to do is to ask your patient to give you an opportunity to demonstrate the falsity of this belief by a prolonged dose of rest, and I dare say that a single chance will be sufficient to to dispel the illusion. Rest will not only restore his appetite and save his strength, but it will reduce his fever, diminish the cough, and make him feel more comfortable in every respect.

If your patient eats, what kind of food should he have? It is that kind which concentrates a large amount of nutritive material in a small bulk, and which re-

*Abstract of a Lecture delivered at the Philadelphia Polyclinic,

quires a small amount of digestive energy on the part of the stomach and digestive trait. Such foods exist, without question, in the freshly prepared juice of beef, oysters and clams, and they are prepared as follows: Beef, preferably the round steak, is cut in pieces of the size of a walnut, and is placed in a pan and held over the fire for a few minutes in order to heat the outside slightly. The whole is then dumped into a large Bartlett beef-press, and this separates the juice from the fibre. About one-and-a-half pounds of beef will yield a teacupful of beef-juice. This juice, divested of all fat, is well seasoned and taken cold in half-teacupful doses three or four times a day. In the case of oyster and clam juice, the same process is followed in extraction, and it is likewise taken cold and seasoned. These juices contain the very essence of nourishment, require very little or no digestion, and are easily absorbed and assimilated, and may be administered to the most fastidious stomachs. They are very much superior to any kind of beef-tea, or extract, that can be made. Additionally I prescribe five or six glasses of milk a day.

Much may be done in feeding these patients by going about it in a systematic manner. Begin at 7 o'clock in the morning with a glass of milk, and repeat the same every three hours. If a whole glass is too much, be satisfied if only half a glass is taken at first. At 8 o'clock administer half a teacupful of beef-juice. At first this is given three times only, but as soon as possible four times a day. If desirable, oyster or clam juice may be substituted once during the day for the beef-juice. Besides, you must persuade your patient to eat an egg, or oatmeal gruel, with cream and sugar, and bread and butter and a cup of coffee for breakfast; beef-steak, roast beef, mutton or lamb, with vegetables for dinner, and a lighter meal for supper. Beer, wine, champagne, whiskey, or brandy, may also be taken in moderate quantities throughout the day.

Much can be done to stimulate the appetite. For this purpose I often give the following: ℞.—Acid phosphoric dil; acid nitro-muriatic dil; acid sulphuric aromatic; tinct. ferri chloridi āā fl ℥ss. M. Sig.: Thirty drops in half a glass of cold, sweetened water during meals. A coated tongue, which so frequently exists in these cases, is no contra-indication to the giving of iron. Additionally, two or three grains of quinine are prescribed in the forenoon and in the afternoon. The bowels must, also, be kept regular. If constipated, a glass of Hunyadi water, or a Lady Webster's pill in the evening will generally suffice. Topliff's Pavara pills, or Parke, Davis & Co.'s cascara cordial, also serve well for this purpose. Occasionally a blue mass pill will not be out of place. If there is a tendency to diarrhœa, the above mentioned acid preparation will often check it. In most instances of this kind the diarrhœa follows a meal, and is due more to a hyper-sensitiveness of the alimentary tract than to any other cause. To the acid mixture you may, therefore, add sub-nitrate of bismuth and pepsin with advantage.

Uruguay, largely colonised from Italy, has (an Italian correspondant writes), been severely visited by typhoid fever, diphtheria, and small-pox, particularly in its chief town, Montevideo. Small-pox prevails to the extent of from sixty to eighty cases a day, the deaths being from fifteen to twenty of either sex, and of every condition. The sanitary authorities have adopted the most stringent hygienic measures. Gratuitous vaccination is practised on hundreds of the people daily, and the Legislative Chamber has at present under consideration a Bill to render vaccination and revaccination compulsory on every one of the inhabitants.—*London Lancet.*

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

Subscription $3.00 per annum, payable in advance.

Contributions from practitioners in good standing invited, and advertisements from reliable houses solicited.

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JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.

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BALTIMORE, JULY 25, 1891.

Editorial.

PROGRESS OF MEDICAL WORK IN THE SOUTH.

Twenty years ago the literary work done by the medical profession throughout the Southern States was performed by comparatively few men. The medical publications were comparatively few and but little encouragement was in this way extended to medical authors. Recent years have altered this condition of affairs to a most marked extent. The industrial development which began in Alabama and Georgia some fifteen years ago, and which now has extended to every Southern State, has brought renewed energy and prosperity to many physicians. Its effect is shown in many ways, but in no manner more conspicuously than in the amount of literary work and general activity in the work of medical organizations.

Many local and State medical societies are in most active and successful operation, the Southern medical colleges have increased in number and grown in their classes of students, as well as in their facilities for medical teaching, whilst the medical journals on our exchange list published in Southern cities give evidence of prosperity and larger growth, in keeping with the onward movement of progress in that section.

The third volume of Transactions, for 1890, recently issued by the Southern Surgical and Gynecological Association, an organization composed almost exclusively of Southern men engaged in special work, is an additional evidence of the progress of which we speak. This volume of Transactions, in size, contents and value of its matter, will compare favorably with any similar work issued by any of the older special organizations in this country.—It is a most striking illustration of the activity and industry which now characterize the profession in the Southern States as contrasted with former years.

The South has contributed some of the greatest ornaments to the medical profession this country has produced. Ephraim McDowell, Marion Sims, T. A. Emmett, T. Gaillard Thomas, Polk, Wylie, Wyeth, Bozeman and many others

whose work is now familiar to the profession were products of Southern soil, and all with the exception of McDowell were transplanted to Northern territory.

But the results of to-day show that under the sunny skies of her own fair fields men are coming into national and world-wide eminence. We have only to mention the names of Battey and McGuire in proof of this assertion.

A still more significant proof of increased progress in medical work is found in the growth of its educational institutions. Tulane, Vanderbilt and the University of Virginia have all three acquired endowment funds, which greatly enlarge their facilities for the more thorough scientific training of medical students.

Here in Baltimore, a strictly Southern city, we have the Hopkins Hospital, and medical university *in prospectu*, with large endowments and vast resources. The time is coming, if not already at hand, when the young men of the South will find near at home all the conditions and facilities for thorough training in medical work, equal to those of Northern and European centres.

THE GASTRONOMIC CENTRE.

That brilliant member of the medical profession, Dr. Oliver Wendell Holmes, once designated Baltimore as the "Gastronomic centre of the Universe." Whether Dr. Holmes spoke from personal observation or from his playful habit of being witty and facetious the deponent sayeth not. It is evident the "Autocrat of the Breakfast Table" was correct in judgment, for one has only to visit this city to confirm his opinion. Both the vegetable and animal kingdoms pour their wealth of luxuries into our market, at prices so low that our humblest citizens are able to enjoy without stint the wonderful products of the Chesapeake and the vegetable and fruit productions of Anne Arundel. The oyster, crab, canvas back, terrapin and numberless varieties of the finny tribe, which kings, emperors and lesser royalty esteem the luxuries of life, fall into the mouths of our people as common every-day occurrences. Is it surprising, then, that the gastronomic centre should be so largely developed in the brains of our people?

Is after all the chief comfort of man not largely obtained through the satisfaction of his inner wants? It is the lean and hungry kind, Cassius-like, who promote sedition and stir up strife. Good wholesome food favors digestion and improves nutrition. Both mind and body work in harmony under the stimulus of good food and perfect nutrition. That the climate and diet of mankind have largely determined man's social, intellectual and political destiny cannot be denied. Having, then, in our midst all of the climatic and dietetic conditions favorable to the promotion of the highest types of health and human happiness, it is not suprising that our people are an easy-going, independent, conservative and self-satisfied class. One's environment largely determines one's achievements and aspirations.

We have here more to live for and less to worry about; there seems no need for that haste and aggressiveness which stir up rivalries and hated passions, and stimu-

late the money-getting faculties to their highest pitch. Hospitality, sociability and a generous desire to live and let live are eminently characteristic of our people. We have few of those who belong to the classes of the very rich or of the very poor.

If we make less money and less show, we have less need for such encumbrances. The golden medium of human happiness is here reached through other agencies.

As physicians we realize the force of such conditions and wisely assent to them. There is no city in the world, and we challenge comparison, where the physicians are upon more cordial terms, where professional bickerings and back-biting are less heard, where ethical relations are more carefully observed and where members of the same profession meet more frequently and pleasantly in social festivities.

A correspondent in another column has introduced our readers, in a somewhat eulogistic and comical way, to the methods of the Flint Club. We know that what he has said is literally true, for a more social and clever set of doctors it would be difficult to bring together, whether M.D.'s, LL.D.'s, D. D.'s or Ph.D.'s.

The monthly medical reunion, an organization very select and distinguished in its membership, maintains the dignity and gravity of the profession and contributes largely to the enjoyment of many of the elderly and more scientific members of our fraternity.

The University Club, a very select, social, semi-scientific and literary organization, has likewise a large sprinkling of physicians in its membership. On field nights the medical fraternity is fully represented. Now, all of this discussion may lack in profit, but it goes to show where the gastronomic centre can be found.

Reviews, Books and Pamphlets.

Consolidated Reports of Sick and Wounded Freed People and White Refugees under Treatment from 1865 to June 30, 1872, by medical officers on duty in the "Bureau of Refugees, Freedmen and Abandoned Lands," compiled by Robert Reyburn, M. D., Late Surgeon and Brevet-Lieut. Col. U. S. Vols. and Chief Medical Officer, Bureau R., F. and A. L.

These reports are of special interest, in that they deal with the question as to the differences between diseases as found in the Caucasian and African races in the United States. The author, in his introduction, says the reports are compiled "with the view of endeavoring to furnish * * * some information on the above-mentioned points." Certainly there was an ample field for observation in having 430,466 cases, extending over a period of eight years, among the freed people, embracing all shades of color; and 22,063 cases, extending over a period of five years, among the white refugees. A careful study of the reports shows that the greatest number of cases treated, both among the whites and blacks, were caused by the so-called miasmatic diseases, and that the similarity of the rate shown in the tables leads to the conclusion that there is little, if any, difference between the susceptibility of the two races under the same conditions, to the attacks of remittent and intermittent fevers. The author arrives at the conclusion that the negro does not "withstand acute inflammations" nor "recover from long-continued illness" so well as the white race, but with these exceptions he finds no specific differences between diseases as developed in the two races in this country, "the differences met with being in degree and not in kind."

The reports will repay careful perusal. We can only regret that they should be so long appearing in this easily accessible form, they having been reported to the department seventeen years ago.

Correspondence.

THE FLINT CLUB.

BALTIMORE, JULY 18, 1891.

Editor Maryland Medical Journal:

As some of your readers know, there is a medical organization in this city known as the Flint Club. It is a unique and original body. Its membership is limited to some thirty-odd physicians; its meetings are held monthly; its entire object seems to be social and gastronomic. No shop talk is allowable under any conditions and the member who ventures to introduce a medical topic is voted a nuisance *impromptu*. He is fortunate if he escapes suspension for his indiscretion. The Flint Club is an authority upon the science of dietetics and culinary economics. It has solved the problem how to secure the best feed and have the most fun for the least money. This *desideratum* has been reached through experience, for there is not a restaurant in the city whose recesses have not been fathomed in search of epicurean goodies. There is no art of fun-making, and, I might add, speech-making, that has not been employed by its devotees, wits and punsters.

The laudable ambition of having a first-class feed and a roaring laugh has here reached its *ultimatum*. One must be a jolly doctor to enjoy and appreciate the jolly good things found at the reunions of the Flint Club. All the cares, anxieties and dull details of professional work must be left at home when these festive occasions come around. The man who cannot laugh, joke, crack chestnuts and eat goodies is out of his element in such company. He is no companion for such spirits. "Away with such a philosopher and such philosophy" is the maxim of these epicureans.

The reunions of the Flint Club have a graver significance than eating and punning. Originality is a cardinal virtue in this organization. The member who ventures to open an old chestnut, or even a fresh burr, must have his wits about him. He is in instant danger of being voted a bore or called a fool. The English language only is spoken and there is no choice in its plain or forcible expressions if the occasion warrants an unadulterated and practical application of its vocabulary. Woe to the newly initiated or invited guest if the etiquette of the Club is not scrupulously observed. The ceremonials of a Court reception are not more exacting. An invitation to speak and an invitation to hush are not unusual accompaniments and he is a wise man who can both speak and keep silent at the same time. This has been literally done upon one occasion by a distinguished guest. He simply made signs. The Club was for the time being paralyzed; its wit and humor collapsed; its effrontery and impertinence skulked. The guest for once had the advantage.

The Flint Club was named in honor of the great physician, but the writer was told that the name has another appropriateness not always apparent. Upon rare occasions it gives forth flashes of brilliancy as evanescent as the spark. Few of these are caught.—They perish in their flight.

One who has not had the good fortune to attend a reunion of the Flint Club should seek an invitation from some member. Guests are always welcome. The only pre-requisite is to prepare in advance for the initiatory ceremony. Those

once bidden to the monthly reunion have longing desires to attend a second, sometimes a third, but rarely a fourth. He is a hardened wag who can endure the trials and tribulations of a fifth reception in consecutive order.

But despite the many rubs and rounds of its monthly junketing parties, the Flint Club has many compensations. It keeps alive kindly and generous feelings, it enlivens the mental and digestive processes, gives innocent pleasure, rubs down the asperities of the cynics who decry against the pleasures of professional life, and, finally, it promotes good fellowship and agreeable professional relations among a large number of very hard-worked practitioners scattered throughout the city.

The writer has no knowledge of a medical organization conducted on the plan of the Flint Club. To appreciate its peculiar value, one must partake of its hospitality.

Very truly,

AN INVITED GUEST.

Medical Progress.

HOW TO KEEP NEEDLES FROM RUSTING.

Dr. R. H. M. Dawbarn writes to the New York *Medical Journal* regarding the above subject: "For the past year I have been pleased with the results of a new plan—new to me that is, though very probably not to others. This is simply to keep my needles in alcohol. For extreme safety against rust I use absolute alcohol; but the commercial article would probably be efficient. At least, some needles that I have kept in common alcohol for a month as an experiment are as bright as ever. Upon buying the needles I immerse them in benzine to remove grease. Then, after running them through a towel, I plunge the point (a cutting-edge Hagedorn) into a bit of cork the size of a pea—to avoid dulling from jolting—and finally, with their corks, they are put and kept in a wide-mouthed, glass-stoppered bottle filled with absolute alcohol. After use, I sew through a thick, wet, soapy towel repeatedly, cleanse the eye with a thread, immerse in benzine, and finally replace in the alcohol. This last is certainly an efficient disinfectant, besides being an excellent protector against rust. By the bye, I long ago gave up using (save in bowel work) any other than Hagedorn self-threading needles, which are a decided comfort, and, when properly made, do not cut the thread."

ARSENIC IN THE TREATMENT OF WARTS.

Dr. Paul Müller, of Hamburg, writing in the *Allgemeine Medicinische Central-Zeitung*, "cannot sufficiently recommend" the internal use of arsenic in the treatment of warts on the hands. He has employed it for more than two years and always found the warts disappear within three weeks. Another practitioner, Dr. Pullin, who seems to have used arsenic for the same purpose somewhat longer, says that he has known it cure warts in eight days. The dose ordered by Dr. Müller is only at the beginning two drops of liquor arsenicalis three times a day for adults, and a quarter of a drop for children. These quantities are gradually increased.—*Lancet*.

THE USE OF TOBACCO AND ALCOHOL.

Count Tolstoi having imparted to the world his personal ideas on religion, and propounded some startling notions with regard to marriage, has been exercising the minds of prominent Frenchmen on the use of tobacco and alcohol. It came about in consequence of his translator, M. Halpérine Raminski, hitting upon the

idea of asking a number of Frenchmen prominent in letters, art, or science for their opinion of Count Tolstoi's theories, and a recent literary supplement of the *Figaro* gives a score of the replies received. Dr. Charcot's opinion, as might have been expected, is characterised by his admirable common sense and freedom from exaggeration. He writes: "I am compelled to admit that I do not find the article of Tolstoi very able. It is exaggerated, and therefore false. Alcohol and tobacco are injurious, but they can be used in moderation. There are numerous examples of this. (Moreover, before alcohol and tobacco there came into the world abominable things.) Indeed, since their introduction civilisation has rather softened. Must one say, then, that tobacco and alcohol are moral forces? In everything I hate extreme positions. I believe in common sense, and I do not see that the position of Tolstoi conforms to its dictates."—*Brit. Med. Jour.*

CHOLERA IN THE EAST.

Cholera is reported to have again broken out at Aleppo and in the surrounding villages. The disease was not officially announced to have ceased in Northern Syria until somewhat late last year, and it it is highly probable that the recurrance of the disease is due either to mild cases that have taken place in the interval, or to resuscitation of the poison with the advent of hot weather. The position which Aleppo occupies on the highway to the coast and to Asia Minor generally gives importance to the occurrence. Notwithstanding the large number of pilgrims already congregating in the Hedjaz, the sanitary state of Medina is declared to be satisfactory; but in Mecca a paludal fever is raising the general rate of mortality.—*Lancet.*

ON THE THERAPEUTIC VALUE OF INDIAN HEMP.

Dr. W. Suckling says, in the *British Medical Journal:* "I have during the last few years been accustomed to prescribe Indian hemp in many conditions, and this drug seems to me to deserve a better repute than it has obtained. In one form of insanity, more common in women than in men, and brought on usually by mental worry, often owing to the illness of a near relative or by a moral shock, the drug acts almost as a specific. In this affection the patient is depressed and apprehensive, she imagines that animals are after her, or that someone wants to injure her. There is great mental confusion and mental loss, the patient is unable to carry on any conversation, and sometimes is unable to dress herself, the condition being one of acute dementia. I have notes of several such cases that have been cured by Indian hemp within a fortnight. I usually give 10-minim doses of the tincture thrice daily, combined with iron and strychnine. I prescribe, also, complete rest and plenty of food. The Indian hemp is an essential factor in the treatment, for without it the rapid recovery does not ensue; it seems to remove the mental distress and the restlessness. Indian hemp has proved very useful in my hands in the treatment of melancholia and mania. I have also found this drug of great value in the treatment of chorea when arsenic fails, as it frequently does. It may be combined with chloral with advantage in such cases. In migraine the drug is also of great value; a pill containing ½ gr. of the extract with or without a ¼ gr. of phosphide of zinc will often immediately check an attack, and if the pill be given twice a day continuously the severity and frequency of the attacks are often much diminished. I have met with patients who have been incapacitated for work from the frequency of the attacks, and who have been enabled by the use of Indian hemp to resume their employment. This drug is also a valuable gastric sedative in cases of gastric ulcer and gastrodynia. It may be combined with nitrate of silver, and it increases the efficacy of the latter,

Its value is well known to asylum physicians, but it does not appear to have obtained the confidence of the profession generally. Indian hemp is also a very valuable hypnotic."

THE NUTRITIVE VALUE OF RECTAL INJECTIONS OF EGG ALBUMIN.

The assertions of Voit and Bauer and Eichhorst, to the effect that egg albumin is absorbed by the rectum only in the presence of a certain proportion of chloride of sodium, but is returned unaltered with the fæces if this reagent be absent, has led the author to investigate this point anew, and to make his observation on man, and not on dogs, as his predecessors had done. The experiments were planned with great care, and the quantity of albumin removed from the body, both by the urine and the fæces, was estimated. As the outcome of several series of experiments, the results of which show a great agreement, Huber gives as his conclusion that egg albumin simply beaten up is absorbed by the rectum, but only in very small quantities, and consequently a nutrient enema of this kind possesses hardly any value. When, however, a certain amount of common salt is added (fifteen grains to each egg in the present series of experiments), the quantity of albumin absorbed is doubled. Peptonized egg albumin was absorbed in very slightly greater proportion than that treated with common salt. Of the albumin thus treated with salt between sixty and seventy per cent. was absorbed, and we, therefore, have in this mixture an extremely valuable material for nutrient enemata. In no case of Huber's were the enemata expelled, nor was albuminuria ever found to occur after their use.—*Medical Chronicle.*

SUBNITRATE OF BISMUTH FOR INFANTILE ECZEMA.

The following is recommended by the *Journal de Méd. de Paris,* May 24, 1891, in the treatment of infantile eczema:

℞.—Subnitrate of bismuth . . . 20.0 grammes,
Oxide of zinc . . . . . 5.0 grammes.
Carbolic acid . . . . . 2.0 grammes.
Vaseline . . . . . 30.0 grammes.

M. Sig.—Salve, to be rubbed in over the affected parts.

If the itching is severe, the following application will be found of great value:

℞.—Subnitrate of bismuth . . . 5.0 grammes.
Glycerin . . . . . 20.0 grammes.
Carbolic acid . . . . . xij gtt.
Rose water . . . . . 30.0 grammes.

M. Sig.—Shake well, and apply to the affected parts with a soft brush.—*Ex.*

PUERPERAL FEVER.

Dr. Dorr (*Archives of Gynecology,* May, 1891), does not place much confidence in the curette and irrigation with sublimate. He prefers cleansing the uterine cavity with iodine. Although that elementary substance is not the most powerful germicide, its wide range of curative powers in removing products of inflammation and healing sores makes it preferable for application to the uterus in these cases. Iodine suppositories are not always satisfactory. Dr. Dorr prefers the simple vaginal wash and compound tincture of iodine, 1 drachm to the pint of water, the irrigation being repeated every six or eight hours. When, however, the symptoms of fever persist, notwithstanding irrigation of the uterus and antipyretics, a small incision should be made into the abdomen, just wide enough to pass in two fingers, which should be rapidly passed into the sides of the abdominal cavity. Then a good stream of warm boracic lotion must be introduced through

a tube and allowed to run in by means of a siphon apparatus, so that the abdominal cavity is thoroughly washed out.—*Brit. Med. Jour.*

HABITUAL CONSTIPATION.

℞.—Ext. cascar. sag. . . . . fl ℥ ss
Tr. nucis vom . . . . . ʒ v
Tr. Belladon . . . . . ʒ ii
Glycerini, q. s. ad . . . . ℥ ii
M. Sig.—ʒ i t. i. d. —*The Prescription.*

A GOOD ONE FOR THE BELLY-RIPPERS.

One of our practical country practitioners from one of the upper counties in this State was recently on a visit to New York, and, among the other wonders of Gotham, took in the Polyclinic. It was one of Wylie's field days, who, at the conclusion of a brilliant clinic, asked Dr. F. "what he thought of medical matters in the metropolis." Dr. F. replied: "Well, I would rather be a moonshiner down in Tennessee than a uterus up here in the hands of you New York doctors."—*Southern Prac.*

LARYNGEAL PARESIS AFTER INFLUENZA.

Dr. Marcellin Cazaux records a case (*Rev. Gén. de Clin. et de thér.*, June 10th, 1891) in which paresis of the glottis-openers followed influenza. The patient was a girl, aged 21, who with the exception of two or three slight and transient attacks of aphonia, had enjoyed good health till December, 1889, when she suffered severely from influenza. In the course of the attack she began to suffer from dyspnœa with inspiratory stridor, and, after her recovery from the influenza, this symptom persisted till July, 1890, when she came under the notice of Dr. Cazauz. The dyspnœa was always well marked, but there were from time to time alarming exacerbations. The voice was clear and expiration was unobstructed. No cause of compression of the trachea, bronchi, or recurrent nerves could be discovered, and the thoracic organs appeared to be sound. On laryngoscopic examination, it was seen that the ligamentous part of the glottis opened incompletely during inspiration. The diagnosis of paresis of the crico-arytænoidei postici muscles was arrived at, and the following treatment ordered: Daily applications of the continuous current to the recurrent nerves, and sulphate of strychnine in 1 milligramme pills, from 4 to 10 of these to be taken daily till intolerance was manifested. In three months the patient was completely cured.—*Brit. Med. Jour.*

CHLORIDE OF AMMONIUM IN INFLUENZA.

At the last meeting of the Academy of Medicine, M. Marotte advocated the use of chloride of ammonium in the treatment of epidemic of influenza, in preference to sulphate of quinine as urged by M. Gellié of Bordeaux in his recent paper read before the Academy. M. Marrotte speaks very highly of the results obtained by chloride of ammonium, the advantages of which over quinine he claims to be that it is much cheaper, more rapid in its action, and brings about a more complete and definite cure. It is more especially in those forms of the disease which are complicated by pulmonary congestion or inflammation that chloride of ammonium will be serviceable. From fifty to eighty grains may be given in twenty-four hours in the form of eight-grain powders, which may be conveniently concealed in a wafer. As the treatment of influenza is unfortunately, like many other therapeutic problems, a very open question, perhaps some of your readers on your own side of the Channel, whose opportunities just now are only too unlimited, might put the drug to the test and record their experiences.—*Lancet*, June, 27.

TREATMENT OF SYPHILITIC ULCERATIONS.

Plumert gives the following applications for ulcers of syphilitic origin:

℞.—Mercury salicylate . . . xv gr.
Potassium carbonate . . . xv gr.
Distilled water . . . ℥vj. M.

Dissolve. Sig. Wet compresses with this solution and apply to the ulcerations.

If an ointment is preferred, recurrence may be had to the following:

℞.—Mercury salicylate . . . xv gr.
Vaseline . . . . . ℥j.

M. and make a pomade. —*Bacteriological World.*

MURDER AND MATRIMONY.

The recent execution of Eyraud in Paris for the murder of Gouffe, and the sentence of his accomplice, Gabrielle Bompard, to imprisonment for life, have served to keep this case in the public mind, and physicians have good reason to remember it for the claim made by the woman that she was hypnotized at the time of the murder, and the offer made on the trial to put her again under such influences. The morbid regard for women who commit murder is one of the curious circumstances connected with crime, and it is said that an appeal has been made for the pardon of Gabrielle Bombard by a man who promised to marry her if freed from prison.

The same offer was made in the well-known case in New York of Mrs. Druse, who aided by her children, killed her husband, chopped him up, and boiled him. Governor Hill was asked by many persons to commute the sentence, and among others by a man whose matrimonial inclinations were not disturbed by the fact that the first husband had been killed in a remarkably deliberate and cold-blooded manner. The Governor, however, refused to be influenced by any so-called humane appeals or by the matrimonial offer mentioned above, and Mrs. Druse had to suffer the penalty of her crimes.—*Med. News.*

HÆMOPTYSIS.

The following is recommended as useful in hæmoptysis when the loss of blood is slight but persistent:

℞.—Turpentine,
Oil of sweet almonds . . . . āā ℥ j.
Mucilage of acacia,
Simple syrup . . . . . āā ℥ iv.
Distilled water . . . . . ℥ v.

M. S.: One teaspoonful every half hour.—*Med. Rec.*

THE RESULTS OF REMOVAL OF THE BREAST.

As a result of partial or total removal of the breast in one hundred patients, in the treatment of tumors of various kinds, between 1880 and 1889, Terrillon (*Bulletin Gen. de Thérap.*, May 15, 1891) has arrived at the following conclusions: the gravity of the operation is insignificant; recurrence seems to be the rule when the axillary glands are involved in the disease; when mammary tumors are malignant or of a mixed character, the entire gland and involved lymphatic glands should be removed if recurrence takes place; the operation may be repeated once or several times, especially if primary union of the skin can be secured; by this means the condition of the patient is ameliorated, the drain attending ulceration is obviated and the unfavorable course of the disease seems to be retarded.—*Med. News.*

TREATMENT OF MORPHINOMANIA.

Two steps in advance have recently been taken in the provision for the treatment, in an institution, of morphine and allied narcomaniacs. One is in England, the other in America. Under the Lunacy Act of 1890 morphine or other inebriates may be received as voluntary boarders into licensed houses for the insane, with the consent of two Commissioners of Lunacy or two justices, by simple applications, without specifying the cause for which the applicants desire to be admitted. The American step is the opening of a home at Brooklyn for the reception of 12 *habitués* of morphine, cocaine, or chloral, of whom one-fourth are to be free patients, if an endowment fund of £12,000 can be raised for the latter purpose. The treatment pursued is preliminary sedation by sodium bromide, and a rapid reduction of the narcotic, the period of reduction averaging from 10 to 12 days.—*Brit. Med. Jour.*

HEADACHE FROM EYE STRAIN.

Hare quotes the following from De Schweintz (*Boston Med. and Surg. Jour.*):

℞.—Tinct. nucis vomicæ }
Tinct. cannabis indicæ } āā ℥ ij. —M.

Sig.—Fifteen drops in water two or three times a day.

PRURITUS.

An ointment composed of five parts of menthol, 20 of balsam of Peru, and 200 of lanoline is very serviceable in relieving persistant itching. For pruritis ani the local application of a solution of corrosive sublimate, 1-2000 is recommended. And in pruritus vulvæ much comfort is often afforded by a lotion composed of one ounce of hyposulphite of sodium, half an ounce of glycerine, and water enough to make twelve ounces.—*Med. Rec.*

EARACHE.

The following is recommended for the relief of earache: Chloroform, 1 part; olive oil, 8 parts; put from twenty to thirty drops of this solution in the auditory canal, closing the ear with cotton. When the earache is due to a furuncle in the external auditory meatus, an application of a solution of 1 part of menthol in 20 parts of oil of sweet almonds often brings almost instantaneous relief.—*Med. Rec.*

Personals.

Dr. Joseph S. Baldwin is a candidate for the position of clerk of the County Court in Baltimore County. Dr. Baldwin graduated from the University of Maryland, 1872, and has been a successful practitioner. He will make a faithful officer in the position he is seeking.

Dr. J. F. H. Gorsuch, of Baltimore County, Maryland, is a candidate for the position of State Senator from his county. Dr. Gorsuch would make a most excellent member of the next general assembly and his claims should be urged by his professional brethren in the county as their representative. The profession needs such men at Annapolis.

Dr. Francis Adams, the author of the translation of the Genuine Works of Hippocrates, has rendered a most distinguished service to literary and historical medicine by his scholarly investigations and diligent research into ancient Greek literature. He has introduced to the profession a work of great interest and

value. The more one investigates the work of Hippocrates and the extent of his knowledge and skill as a practitioner of medicine, the greater becomes the admiration for his genius, labor and character. The latest edition of this work, just issued by the publishers, Wm. Wood & Co., of New York, will be found a most valuable addition to the physician's library. We know of no book which will contribute more to the pleasure of one's summer reading than this most entertaining and instructive work of Dr. Adams.

Dr. A. K. Bond, who has for several years so efficiently and faithfully filled the office of Librarian of the Medical and Chirurgical Faculty of Maryland, on account of having assumed other duties, will, on August 30th, next, sever his connection with the library. The Library Committee give notice that an election to fill the vacancy will be held Thursday, July 30,1891, and that applications must be made in writing and sent to the secretary of the committee, per S. T. Earle, Linden Avenue and Mosher Street, before July 30th. The librarian is on duty daily except Sundays from 12 M., to 3 P. M., his assistant from 3 P. M. to 6. P. M.

Medical Items.

Dr. O. B. Mayer, Sr., a prominent physician of Newberry, S. C., died at his home in that State on July 16.

Dr. D. W. Wilkinson, one of the oldest and best known physicians in Richmond, Va., died on July 15th after a brief illness.

Dr. Joseph O'Dwyer, of New York, the originator of the method of laryngeal intubation and the inventor of the intubation tubes, has had the degree of LL. D. conferred upon him by St. John's College, of Fordham.

The City of New York employs eighteen physicians to look after the health of the Police Department, and pays each one a salary of $2,250. These places are much sought after and are considered very desirable.

Baltimore employs three physicians for the same purpose and pays each one a salary of $900.

The American Electro-Therapeutic Association will hold its first annual meeting at the Hall of the College of Physicians, cor. Locust and Thirteenth Sts., Philadelphia, Pa., Thursday, Friday and Saturday, September 24th, 25th and 26th, 1891, under the presidency of Dr. G. Betton Massey. Physicians interested in the discussion of electricity in medicine, are invited to attend without further notice.

Mr. Ernest Hart, the able editor of the *Brit. Med. Jour.*, has recently made an extended visit to Canada and during his stay there has established three new branches of the British Medical Association, one in Toronto, one in Montreal and one in Winnipeg. This association has now 13,500 members, of which number 2000 reside in other parts of the empire than Great Britain. It has a reserve fund of over $200,000. Its Colonial membership is said to be largely increasing.

During the past ten years 384 candidates have presented themselves to the Army Boards, of whom 76, or 22.3 per cent. passed and 31 were rejected for physical disqualifications and the remainder failed to pass the medical examination. During the same period, 237 candidates presented themselves before the Navy Board, of whom 55 were approved and passed, 75 rejected for physical disqualification and the remainder either withdrew or failed to pass.

Berlin gives the carriages of physicians the right of way through the crowded streets. The coachmen wear a distinctive white hat.

Charles Dudley Warner says that the difference between the "faith cure" and the "mind cure" is that the mind cure doesn't require any faith, and the faith cure doesn't require any mind.—*Albany Medical Annals.*

It has been proposed by the friends and pupils of the late Matthews Duncan to perpetuate the memory of the great obstetrician by founding at St. Bartholomew's Hospital a Matthews Duncan medal or prize in obstetrics or gynecology, and the erection of a bust, to cost from $6000 to $7000.

The Pasteur Institute, which was opened in Chicago in July, 1890, under the direction of Dr. A. Lagorio, has already treated fifty-five patients, fifty-one bitten by dogs, three by cats, and one by a skunk. No case of death has occurred and all the patients treated are in good health. None of these cases have shown any sign of the disease.

According to the census of 1880 there were in the United States 592 establishments devoted to the manufacture of drugs and chemicals, the capital invested being $28,598,458. In addition to these there were 563 establishments devoted to the manufacture of patent medicines and compounds with a capital of $10,620-880. During the ten years from 1880 to 1890, 590 patents were granted for medicine. Dr. Billings, commenting on these facts, says, "We are a bitters and pill-taking people. From the commercial and industrial point of view, the great importance of patent and proprietary medicines is connected with advertising. The problem is to induce the people to pay 25 cents for the liver-encouraging, silent perambulating, candy pills, which cost 3 cents."

Quite a contest has been going on in Washington, D. C., over the position of Health Officer of the District. Dr. Smith Townsend, who has discharged the duties of this office for some years with eminent satisfaction to many people in the district, has been requested by the Commissioners to present his resignation. This Dr. Townsend refused to do The Commissioners have therefore removed Dr. Townsend from said office and have appointed to this position Dr. C. W. R. Hammett, a well-known physician of that city. The cause of Dr. Townsend's removal has not been stated, but it is intimated that his removal was made out of deference to political considerations.

The New York correspondent of the *Medical News* writes:

"The Faculty and Alumni and in fact all connected with the old College of Physicians and Surgeons are just now in a state of jubilation over the union of the college with Columbia College. The Faculty is glad, because they have found the care of the splendid gifts to the Vanderbilts almost beyond their means; the instructors are happy, because they see in it some chance of receiving remuneration for their services in the clinic, while the graduates are pleased, as they see in it a prosperous future for the college, and the assured independence that will do much to raise the standard of medical education.

The Faculty of the Post-Graduate Medical School recently held its annual dinner, and the occasion was made doubly enjoyable by the announcement that the sum of $5000 had just been given to assist in purchasing the two buildings adjacent to the school, so that better accommodation might be secured for the constantly increasing classes."

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 14. BALTIMORE, AUGUST 1, 1891. NO. 540

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Original Articles.

A STUDY OF ERGOT.
EXPERIMENTS MADE IN THE BIOLOGICAL LABORATORY OF JOHN HOPKINS UNIVERSITY.

BY JOHN C. HEMMETER, M. D., PH. D., OF BALTIMORE.

In no department of experimental therapeutics do we meet with such manifold and contradictory results, or with more widely digressing theories than those concerning the action of ergot.

A part of the discrepancies in the opinion of investigators might be explained by the fact that the quality and efficacy of ergot and of its preparations obtainable in pharmacies vary greatly.

Some of the secondary results in the experiments upon animals which were made, were undoubtedly caused by the impurities of the ergot used. (Emboli in the "Pulmonary and Cardiac Circulation"). After trying numerous preparations of ergot, including some ergotine of European manufacture, Dr. Hemmeter's attention was called to a form of liquid ergotine made in Baltimore by Sharp and Dohme, which gave evidences of being a standard preparation, both in clinical and experimental application. He had had some of this ergot in his possession for nearly ten months (since Feb. 3, 1890). It has deposited no sediment, has a fresh, pure odor, and is very effective. This ergotine solution, which is the most

concentrated liquid preparation of ergot that can be obtained, has since become known under the name of ergotole, to distinguish it from the numerous and widely differing preparations sold under the name of ergotine. In his experiments this form of ergot was used, together with two forms of fluid extract of ergot, the officinal containing hydrochloric acid, the other no acid, which, however, were more bulky.

The objects of the experiments were:

1st. To determine whether the contractions of the uterus by ergot is of centric or peripheral origin.

2nd. Whether the peristalsis of the intestines is increased or diminished by ergot. If increased, whether this be due to a centric or peripheral action of ergot.

3rd. Whether the cause of the contraction of the blood vessels in the omentum is central or peripheral.

4th. Whether ergot produces a rise or a fall of blood pressure. Whatever change occurs, is it due to an action on the heart and arteries or of the spinal cord ?

5th. The action of ergot on temperature.

6th. Influence of ergot on rate of blood flow.

As a result of an exhaustive series of experiments on animals, reported in detail in *The Medical News*, he concluded—

First:—That ergot, in producing contractions of the uterus, acts primarily and essentially upon the lumbar cord, *i. e.*, its action in causing peristalsis of the uterus is centric, not peripheral.

Second:—That ergot, in producing intestinal peristalsis, acts directly on the cord and only reflexly upon the intestines, its action in this case, too, being centric, not peripheral.

Third:—That ergot produces constriction of the arterioles and capillaries in the omentum and ear of rabbits, and in the frog's web as long as the cord and the vagi are intact. These being destroyed, constriction is no longer produced by the drug; its action in this case is centric, not peripheral.

Fourth:—That we have a right to assume that the physiological rise of arterial pressure under ergot is due to its action on the arterioles, not on the heart.

Fifth:—That ergotole seems to act like quinine in reducing temperature, and, at the same time, the amount of urea in the urine; and, judging from its effects on the heart and on the circulation, and from the phenomena of ergotism, we are disposed to believe that ergot diminishes general metabolism, and that this may be a cause of the fall of temperature under its influence.

Sixth: That ergot reduces the rate of the blood currrent.

In a period of medical history when new therapeutic agents are rushed upon us in an abundance which seems out of all proportion to any real increase in our knowledge of the scientific application of drugs, or to any real advancement in experimental therapeutics, a critical combination of facts which have been established in the laboratory and in the hospital concerning ergot may aid in throwing new light on the value and possibilities of one of the oldest drugs in the pharmacopœia.

The therapeutic effects of few drugs correspond so closely with their physiological action as do those of ergot.

Upon the power of ergot to constrict the arterioles and to cause arterial and capillary anæmia depends its application in a large number of disease conditions. It has been successfully used in hæmoptysis, hæmatemesis, epistaxis, hæmorrhage

from the gums, renal, hæmorrhoidal, and vesical hæmorrhage, in the bleeding caused by carcinoma; and in hæmorrhage dependent upon a dyscrasis as purpura hæmorrhagica. In menorrhagia and leucorrhœa, which are produced in certain cases by endometrial congestion; in colliquative sweating due to relaxation of cutaneous capillaries; in enlargement of the spleen; and in vascular goitre it has been found of value.

Ergot has been also advantageously used in congestive headaches and impaired vision from congestion of the retina incident to dilated or hypertrophied heart. Intestinal catarrh with diarrhœa, due to congestion of the intestinal mucous membrane, is a special indication for the use of ergot. It has proven itself to be very useful in dysentery and in galactorrhœa. The power of ergot to contract the uterus has been utilized to remove uterine fibroids by strangling their vascular supply and by causing uterine contraction.

There is good authority for crediting it with a beneficial influence over cervicitis, pharyngitis, and even gonorrhœa, and over paralysis of the bladder from distension, or in that due to cerebral or spinal lesion.

The theory of its action is based upon the artificial anæmia which it induces in the arterial vessels, so that the histological process of inflammation is impeded.

When ergot is given to a patient suffering from acute localized inflammation—pneumonia, for instance—its main influence is exercised upon the parts pathologically altered, while those parts of the circulation in which normal arterial tonus has been maintained are but slightly affected. Kohler has discovered that ergot diminishes the irritability of the periph-sensory nerves and thus reduces reflex action—although these influences of ergot have little therapeutic utility *per se*, they become important in connection with other well established effects of the drug.

In all acute inflammations, with high fever, rapid pulse, hurried respiration, and congestion, if we can employ a drug which will allay these symptoms, and at the same time lower reflex excitability, it is most desirable to do so. The power of ergot to reduce temperature, the number of pulse beats, the number of respirations, and at the same time maintain increased arterial pressure, makes it a most important agent in the management of certain conditions in pneumonia.

In a most scientific contribution to the Third German Gynæcological Congress, Prof. Schatz defines the contractions of the uterus when produced by ergot as *not* differing from the normal in their manner and character, provided toxic doses are avoided.

In case contractions are already present, ergot increases their number, but does not render them stronger. The force is greatest, as a general rule, in normal labor when the frequency of the contractions is from 6 to 10 in 30 minutes.

The action of secale begins fifteen minutes after administration by mouth and is greatest in 30 minutes.

In Labor ergotole is indicated when the child's head is low, the parts relaxed, the pains absent or feeble, and there is danger in delay from hæmorrhage or other alarming symptoms.

2nd. When the pains are suspended and convulsions set in, venesection being necessary.

3rd. In inevitable abortion.

4th. When the placenta is retained, owing to uterine inertia.

5th. In post-partum hæmorrhage.

In pneumonia when there is a demand for more steadiness and tone in the action of the heart, ergotole if given in connection with digitalis is perhaps the

most reliable agent that we possess for resisting the over-engorgement of the pulmonary vessels during the first stage of the disease in which this condition of the heart is found to exist.

In the two cases, one of catarrhal and one of croupous pneumonia, with an exudation filling up the entire left lung, and with coarse moist rales throughout the left lung, ergotole was employed.

The expectoration in both cases was profuse, thin, and contained an abundance of blood. From the time that the infiltration first became manifest by unmistakable physical signs, with rapid, weak pulse, hurried respiration, and high fever, the patients were put upon ergotole, 15 minims in half an ounce of whiskey every two hours. Although a number of other remedies were kept at hand to be used hypodermically, should occasion arise, none of them was made use of. These two cases of pneumonia were treated exclusively with ergotole and good nourishment, and both made a speedy recovery. In these cases we are warranted in believing that the ergot in itself had a specific influence over the progress of the exudation, for no such effect could reasonably be attributed to the whisky which was taken. After the fever had subsided and the pulse was almost normal, both cases were put on tonic mixtures containing iron, quinine and strychnine.

When we think of the physiological action of ergot, we cannot fail to realize what a powerful agent this drug is, used in the form of ergotole, in checking inflammatory exudations, as clinical experience has undoubtedly proven it to be in the first stage of pneumonia. If transudation depends upon the permeability and elastic distensibility of the vessels, we know that ergot, by constricting these, can reduce peri-vascular engorgement.

If transudation is associated with increased heart's action, we know that ergot reduces the number of heart beats.

If the beginning of pneumonic exudation is associated with hurried breathing, we know that ergot reduces the number of respirations per minute.

If transudation is connected with fever, we know that ergot reduces temperature.

If the fever in inflammmatory exudations lowers blood pressure, we know that ergot raises it.

All of these physiological effects directly counteract the main features of the pathological process, and check further transudation, while the lymphatics carry away the exudation that has already occurred.

In Hæmorrhages. In two cases of dysentery that proved rebellious to treatment with astringents, bismuth, opiates and even to flushing of the large intestine, after ergotole was persistently used the hæmorrhage ceased and recovery occurred.

Few facts have been so well established clinically as the decided effect of ergot in hæmoptysis.

In Hemicrania. In our experience, cases of simple hemicrania with the ophthalmoscopic appearances and other evidences of cerebral hyperæmia, have been relieved by the use of ergotole without any medication. In a case of migraine associated with a very irritable stomach, ergotole used hypodermically gave gratifying results.

In brief, whenever uncomplicated cerebral hyperæmia can be definitely discovered, ergot in the form of ergotole is the drug par excellence.

The *Medical Record* says: "It takes four men to give an elephant castor-oil, the dose being ℥ cxxviii. We have known it to take three women and two men to give a small boy castor oil, dose only ℥ j."

INFANTILE SUMMER DIARRHŒA.

BY ALEX. L. HODGDON, M. D., OF BALTIMORE.

During the summer months the treatment of the diarrhœa of children occupies much of our attention, and it is truly a satisfaction when a little one with all the signs of suffering depicted upon its face can be snatched from the very brink of the grave and once more restored to its usual health. One is not very apt to see these cases in their incipiency; it is only when the discharges become alarmingly numerous that the majority of the cases are seen, the popular idea being that the child is only teething and the attendant flux is probably thought to be really beneficial. The second summer is a severe ordeal to any child and no one should deceive himself into thinking that the irruption of the teeth (with which many of the diarrhœas are coincident), is not one of the main factors in the production of a number of these complaints. It would be well for physicians to impress upon their patients the necessity for prompt medical attention upon the origination of one of these attacks. If this were done there would probably be as many as 50 per cent. of infants saved who otherwise would have succumbed to the disease. There are many kinds of medication used in this form of sickness, such as hæmatoxylkino, bismuth subnitrat., and many others, too numerous to mention.

In my experience the best results obtained in checking the copious discharges have been brought about by the combination of plumbi acetat. and tinct. opii camphorat. The dosage must be adjusted to the age of the patient. I have administered acetate of lead, gr. ½, and paregoric Mx, every three hours (carefully watching the effects), to a child between 13 and 14 months of age. I think that this combination is not equalled by any, and will often succeed where others fail. Bismuth subnitrat. is also of great value and will of itself, I think, check many mild cases. It has the advantage of being a sedative to the gastric mucous membrane, and almost totally without taste; its disadvantages being that it is bulky and very apt to make a child vomit while in the act of swallowing it. The alimentation of these cases is of great importance. I have found it necessary to deprive a child of milk altogether for some days. There are many foods that may be given—I consider raw, scraped beef the best, seasoned with a little salt; or, if necessary, in order to induce the child to take it, I believe a little sugar could be added without detriment. Egg-water is also good—the white of one egg, beaten up in one pint of water and a teaspoonful of brandy added. Also the flour-ball, which is made by tying two or three pounds of flour very tightly in a muslin bag, boiling continuously for twelve hours, and then scraping all of the soft part of the ball away down to the hard mass, of which two tablespoonsful may be grated and made into a gruel. The egg-water and the gruel may be administered out of a nursing bottle, also rice-water, which I have found very good.

Children with these troubles should be kept outside the house as much as possible, and if they are very sick and can go to the country, or for a short trip on the salt water, it is very desirable that they should.

Last, but not least, all of their nursing bottles should be kept perfectly clean and daily bathing insisted upon.

An enterprising lady has been making investigations upon the question of matrimony in regard to her sex. She finds that the highest marriage rate is among trained nurses, and impartial observation would rather tend to support the statement that this is the best field for matrimony which the fair sex enjoys.—*Med. Prac. News.*

TWO VERY LARGE OVARIAN TUMORS REMOVED FROM TWO VERY YOUNG COUNTRY GIRLS.

BY JOSEPH TABER JOHNSON, M. D., OF WASHINGTON, D. C.

It is so unusual in these days of "early operations" to see such large tumors as the ones herewith reported and especially rare in such young women, that I thought a report of their cases would not be uninteresting to your many readers. The histories of the patients are given from the books of the Hospital, as kept by the very competent resident physician, Dr. J. Foster Scott, and it is unnecessary for me to add anything to his very full and satisfactory accounts of these two interesting cases.

CASE 1.—Annie Parker, white, single, æt. 16 years and 7 months, admitted to Columbia Hospital, April 10, 1891.

History.—The patient came from North Carolina, seeking relief for a large abdominal tumor, which had been tapped on two occasions by her local doctors, the last tapping being done only six weeks before admission. This procedure was followed by no lasting benefit, as the tumor rapidly regained its former size. The patient's menstrual history began early in her 16th year. They "never were right." The flow, when present, lasted a week at a time, but was painless. There has been no "sign" whatever of the catamenia for the past 9 months. The tumor has been growing for the past 3 or 4 years, to the patient's own knowledge; it began by a gradual distension of the abdomen, not beginning on either side first to any noticeable degree.

General Condition on Admission.—Very poor appetite, dyspepsia, very constipated. Does not suffer with breathlessness or palpitation of heart, has no œdema, locomotion is fairly good, suffers much with vertigo and headaches. Urine is scanty, having a pale yellow color; acid reaction, sp. gr. 1010, no albumen. The measurements of the tumor, with patient in standing posture, were as follows: Girth at level of umbilicus, 41 inches; from highest limit of tumor to symphysis pubis, 21½ inches. Heart and lungs were normal.

Operation.—May 18th, 1891, 2.30 P. M. Ether anæsthesia, with Clover's inhaler; anæsthetic nicely taken, with no bad symptoms, except slight vomiting. Length of abdominal incision, 7 inches. Abdominal walls thin and extensively adherent to cyst walls. A large trocar was used to evacuate the major cysts, and the tumor was then lifted out of the abdominal cavity. The pedicle, about the thickness of the little finger, was attached to the left ovary. It was ligated in two halves with stout Chinese silk, the abdominal cavity flushed with sterilized filtered water at 110° F., a drainage-tube inserted and the wound closed with the usual silk ligatures. The weight of the tumor was 54 pounds.

The drainage-tube was removed in about 48 hours; the fluid was drawn by syringe every 3 hours. Altogether, 6 oz. was drawn in the 48 hours.

The highest temperature was recorded on the 9th day, registering 100.6° F.

The patient hastened on daily to a beautiful convalescence and in spite of the fears of many of the visitors, displayed absolutely no alarming symptoms. The operation was remarkable for the exposure of the abdominal contents. The diaphragm was seen in its entirety, as well as the stomach, liver, bladder and intestines, all at one glance. These organs were necessarily manipulated more or less in separating the adhesions and afterwards ligating them.

Weight of patient before operation, 119 pounds; weight after operation, 65 pounds; actual weight of the tumor, 54 pounds.

Case 2.—Annie Hinson, white, single, æt. 16 years.

History.—Advent of puberty at age of 14; the catamenia, however, entirely disappeared at the third month of her menstrual history and not the least "sign" has been noticed since. The menstruation during those three months was painless. The tumor, of which the patient complains, has been growing for the past 3 years, but did not trouble her much till last August and since then it has grown rapidly, giving her much pain and inconvenience.

General Condition on Admission.—Anorexia, with looseness of the bowels and indigestion. Has occasional attacks of breathlessness. Urinary system normal, with urine of an acid reaction, sp. gr. of 1015, no albumen, but a considerable mucous cloud. The patient suffers severely with headaches, has "tinnitus aurium" and vertigo. Her locomotory system is impaired, there being a general weakness and inability to walk. Her parents are both living, the mother being weakly, but the nature of disease not known to patient.

Examination of the Tumor.—Inspection shows a tolerably symmetrical tumor, of large dimensions, extending well above the ensiform cartilage and bulging out prominently in the loins. One part of the tumor presents a lobulated aspect to right of the mesial line and between the level of the umbilicus and ensiform cartilage. Large veins course over its surface and the furrows in which the veins run are distinctly felt. "Linea albicantes," caused by cellular ruptures of the skin, are prominent.

Mensuration gives the following: Patient in standing posture. From superior limit of tumor, 2 inches above ensiform cartilage, to symphysis pubis, 24½ inches; from umbilicus to symphysis pubis, 13 inches; girth at level of umbilicus, 50 inches.

Palpation evinces a well-marked thrill on gentle tapping with the fingers.

Vaginal Examination.—The tumor causes a marked projection of Douglass' cul de sac. The uterus is atrophied and apparently incorporated in the tumor. The cervix is distinguished as a small, indurated mass high up in the posterior fornix.

The patient has considerable œdema of both lower extremities. The anterior aspect of the right thigh is anæsthetized. Examination of heart and lungs shows them to be normal.

Operation.—At Columbia Hospital, March 20th, 1891, at 2 P. M. Ether anæsthesia, by means of Clover's inhaler. Anæsthetic nicely taken, with no nausea or collapse. Linear incision in mesial line, with umbilicus as the central point. The length of the incision, after being extended, was 6 to 7 inches. The abdominal walls were thin, and bound down by numerous adhesions to the cyst wall. The cyst wall being exposed, a large trocar was plunged into the major cyst, evacuating a large amount of ovarian fluid. The adhesions being separated and most of the fluid withdrawn, the tumor was extruded from the abdominal cavity. The pedicle was found to be attached to the left ovary and was no thicker than the index finger. It was ligated in two halves and dropped back into the abdominal cavity.

The uterus was not enlarged at all. The right ovary was seen and examined, but not removed. Several fine silk ligatures were applied to bleeding points from where the adhesions had been freed from intestines, viscera and parietal peritoneum. The abdominal cavity was flushed with sterilized water at 110° F., a glass drainage-tube put in place, and the wound brought together with Chinese silk sutures.

An examination of the tumor shows it to have been a large multilocular cystoma of the left ovary, attached by a pedicle about as thick as the index finger. The duration of the operation was 45 minutes, weight of tumor, 65 pounds, weight of

patient before operation, 160 pounds; after operation, 95 pounds. The drainage-tube was removed at the expiration of twenty-four hours, the total amount of sanguinulent serum drawn by syringe through the tube being 7 oz. during the 24 hours.

At no time did the patient exhibit alarming symptoms, but continued to improve satisfactorily and continuously. The highest temperatures were on the evenings of the 3rd and 4th day, on which occasions the thermometer recorded 100.6° F. The patient was discharged April 28th, 1891, cured.

NITROGEN-CONTAINING FOODS AND THEIR RELATIONS TO MORBID STATES.*

BY FRANK WOODBURY, M. D.

In connection with the paper of the evening, by Professor Chittenden, upon the "Food-value of Beef-preparations," I have been invited by the Honorable Board of Directors to contribute a few remarks upon "Nitrogen-containing Foods and their Relations to Certain Morbid States." Under the circumstances, it is proper that what I have to say shall be made as brief as possible.

At the outset, our attention is drawn to some fundamental physiological facts which must be kept in mind during the discussion of this subject. The human body is now regarded as a unit composed of an aggregation or community of cells. These anatomical elements differ from each other in some respects, but agree in this: each cell consists of two parts, one living and one non-living, corresponding with cell-nucleus and formed material. What is visible to us is the non-living part or the formed material; the real living part of the organism is hidden from view. Just as in vegetable tissue, the parts that are permanent and solid are composed of the cell-walls, which may remain long after the essential living part or protoplasm of the wood-cell has dried up and disappeared—in a similar way, in the human subject, the various organs and tissues which give it form and substance are not living; the only part exhibiting vital phenomena is the soft, shapeless, and colorless cell-nucleus, consisting of protoplasm or bioplasm. This living substance, in its chemical composition, resembles the various tissues, varying somewhat according to function, but it contains one essential ingredient which is so characteristic as to confer its name upon the whole class—this element is nitrogen. The celebrated dictum, "Without phosphorus, no thought," might be paraphrased "Without nitrogen, no life." Viewed from the physiological standpoint, the name "Azote," applied to this element by Lavoisier, appears remarkably inappropriate.

As a necessary constituent of the tissues, therefore, nitrogen, in a state of combination, is always present in the human body. Since it is found in considerable quantity and in various forms in the excretions, some two or three hundred grains being discharged daily by the kidneys alone, besides what is lost by the intestinal tract and the skin, it is evident that in order to maintain life the supply must be kept up from outside sources. There are two principal directions in which we may look for the supply of nitrogen, (1) the atmospheric air, and (2) the food.

Although the atmospheric air contains about eighty per cent. of nitrogen, we may dismiss this at once as not available, beyond a very limited extent. Experiment has shown that it is not consumed or absorbed in the act of respiration; but a certain amount of air is always swallowed with the food and passes into the stomach, where it may become absorbed by the gastro-intestinal mucous membrane.

*Read before the Philadelphia County Medical Society, May 29, 1891.

It is possible that a small quantity is introduced by this channel, especially since it has been demonstrated that a moderate amount of gaseous nitrogen is excreted or exhaled by the skin.

Nitrogen-containing food must, therefore, be regarded as practically the only source of the constant supply of nitrogen which is so essential to the maintenance of the body in a normal condition. In fact, due attention has already been given to this by Liebig, Fick, Wislicenus, Parkes, Pavy, Flint, and others; and the proper relation of the two great divisions of proximate principles of organic origin, the nitrogenized and the non-nitrogenized, have been pretty closely determined. As their results are to be found in all the text-books, I will not refer to them in detail. I may remark, however, in passing, that from the clinical standpoint there appears to be fallacy underlying all these calculations of dietaries, where food values are expressed in grains of nitrogen and carbon, inasmuch as no allowance is made for waste; the entire quantity ingested is supposed to be digested and assimilated. In practice we know that the feces contain considerable nitrogen, which is not excretory, properly speaking, but represents the excess of consumption, part of the food having escaped digestion. In nursing infants the feces consist largely of undigested casein. Even adults are not able to entirely digest milk, and if so simple an article of food as milk is not completely assimilated, what warrant have we for assuming that the nitrogenized constituents of peas and beans, or of animal tissue, will yield their full equivalent of potential force to the organism? On the contrary, we know it to be a fact, that much food-stuff passes through the alimentary canal without having its proximate principles extracted by the digestive organs and the absorbents.

We may, however, both clinically and by physiological experiment, making due allowance for the personal equation, determine with sufficient exactness the kinds and proportion of different foods required to maintain the body in a normal condition. Proceeding on the same lines, we may discover the effect of an excess, actual or relative, of nitrogen; or, on the other hand, we may ascertain the results of deprivation, either partial or complete. We may also be able to see some therapeutic applications of the knowledge thus gained.

From the time of Hippocrates, and even earlier, it has been known that health and disease are largely influenced by food, and that the effects of an animal diet are different from those of a diet exclusively of vegetables. A distinction was even made between leguminous and other forms of vegetable food. It was not until our own day, however, that the practising physician possessed sufficient knowledge of the chemistry of food and of metabolism in health and disease to enable him to direct the diet of his patients upon scientific principles. Following the definition given by Hippocrates, "Medicine consists in addition and subtraction, the addition of the things which are deficient and the subtraction of those things which are redundant; he who practices this is the best physician, but he whose practice is farthest from it is the farthest removed from a knowledge of the art"—we can now prescribe viands suited to a deficiency of nitrogen in the system, or substitute others if there is an excess. To the therapeutic aspect of the subject I will now very briefly ask your attention.

Taking up the latter instance first, we find that a diet poor in nitrogen is useful in the several forms of rheumatism, in gout and lithæmia, and also in recurring attacks of biliousness and bilious headache. Scurvy appears to be caused by an absolute, as well as a relative, excess of nitrogen in the food, and I have seen it caused by the use of an excessive amount of fresh meat among children in an orphan asylum. In its treatment, vegetable food relatively poor in nitrogen is

usually employed. Some skin diseases, possibly of lithæmic character, are only to be cured by withholding nitrogenized food. It seems possible that a liberal use of meat in the diet may have some connection with the development of cancer, a disease which appears to be on the increase, as was pointed out by Dr. R. A. Cleemann, of this Society, in his "Address on Hygiene," delivered before the Medical Society of the State of Pennsylvania a few years ago. Dr. W. Mattieu Williams, in a little work on the "Chemistry of Cookery," pointedly directs attention to the large consumption of meat as a cause of various forms of cancer. In families where a hereditary tendency of this kind exists, it is possible that it might be overcome by vegetarianism. Some nervous affections, notably epilepsy and chorea, are greatly benefitted by abstention from meat in the food.

Owing to the writings of Roberts, Fothergill, and others, a causative connection between a diet rich in nitrogen and some forms of kidney inflammation or degeneration is now generally recognized. And in the treatment of the various forms of Bright's disease, attention to the diet is generally admitted to be of prime importance. There is a widely spread opinion that nitrogenized food is favorable to the occurrence of inflammation, and for this there seems to be a scientific foundation. Parkes has shown that a non-nitrogenized diet causes lowered blood-pressure and diminished arterial tension. Meat, therefore, is ordinarily prohibited under the antiphlogistic treatment, as it was formerly called. In acute inflammations of mucous surfaces, especially in plethoric subjects, the use of animal food is usually forbidden. This should not be applied too strictly, however, for in some cases of subacute or chronic character, a generous and nourishing diet is necessary.

On the other hand, nitrogenized food may be prescribed where there is, from any cause, a deficiency of albuminous principles in the blood, for example, in anæmia or chlorosis. In phthisis, this condition is sometimes quite marked, and good results have been obtained from the "beef and hot-water" plan of treatment, and also from the use of fresh bullock's blood, or hæmoglobin, which requires less digestive capacity and is more easily assimilated than muscle-tissue.

Children frequently suffer from a deficiency of nitrogen. Where an infant is reared upon condensed milk entirely, the limbs are plump but the tissues are flabby, on account of anæmia. Such children are late in getting their teeth and have little power of resistance against disease. The addition of oat-meal, barley, or rice to the milk will often bring about marked improvement and may prevent the development of rickets. Just here I might stop to point out the fallacious character of some of the arguments based upon the comparative chemical composition of woman's milk and other foods. Leeds found, in a number of specimens of woman's milk, that the nitrogenous constituents varied from 4.86 to 0.85 per cent. So that one specimen of mother's milk may have six times the amount of albuminous material contained in another.† This shows the necessity, when the child does not thrive at the breast, of examining the milk to find out if it be deficient in nitrogenized constituents. If so, the addition of beef-meal, bovinine or other nitrogen-containing food in an easily assimilable form is advisable.

Eczema in infants, or in sewing-women, is often traceable to a deficiency of nitrogen in the food, and Dr. Rohé, of Baltimore, advises the addition of meat-broth and eggs to the diet as an essential part of the treatment. Similarly, in many syphilitic eruptions upon the skin, in broken-down subjects, good food is a necessary preliminary to any specific treatment. Neurasthenia and atonic dyspepsia, which are so often associated in the same patient, especially if he is at

†Quoted by Starr in his "Hygiene of the Nursery," Philadelphia, 1888.

the same time anæmic, can only be relieved by nitrogenized and fatty food, administered in a form easy of assimilation and at comparatively short intervals. On the other hand, in diabetes and in obesity, the diet may be largely nitrogenous, but in this case it is because there is a desire to reduce the carbo-hydrates and not because an excess of nitrogen is particularly sought after.

To return to the children, I wish to call attention to the fact that during the period of growth and development more nitrogen is needed than after the body has assumed its full stature. Hence, school children should have a due allowance of meat, and should be encouraged to eat oat-meal, corn, beans, peas, and other vegetables known to contain this valuable constituent.

In the foregoing brief *résumé* of an important and interesting subject, I have not made any distinction between the nitrogenous, proximate principles of animal and vegetable origin. Chemically and physiologically they are nearly identical; but practically there are minor differences of palatability, digestibility and relative utility, which at present our limits will not permit us to consider.

A FIVE YEARS' MEDICAL COURSE REQUIRED IN CANADA.

The Medical Council of the College of Physicians and Surgeons of Ontario recently passed the following resolution: "On and after July 1, 1892, every student must spend a period of five years in actual professional studies, except as hereinafter provided, and the prescribed period of studies shall include four winter sessions of six months each and one summer session of ten weeks; the fifth year shall be devoted to clinical work, six months of which may be spent with a registered practitioner in Ontario and six months at one or more public hospitals, dispensaries, or laboratories, Canadian, British, or foreign, attended after being registered as a medical student in the register of the College of Physicians and Surgeons of Ontario; but any change in the curriculum of studies fixed by the Council shall not come into effect until one year after such change is made."—

ON THE USE OF FUCHSINE IN THROAT AFFECTIONS.

Dr. K. Bogroff (*Vratch*, April 18, 1891) advocates strongly the use of the aniline preparations as antiseptic agents. In a case of chronic sympathetic pharyngitis, which was provoked by a tubercular condition of the lungs and larynx, in which the patient had great difficulty in swallowing, and all treatment had proved useless, a spray of a two-per-cent. boric-acid solution saturated with fuchsine cured the patient entirely of the pharyngitis. The spray forms an impermeable surface over the epithelial lining and shields the tissues from further irritation. It is remarked also that this treatment is especially suitable in cases of tubercular laryngitis, as the fuchsine stains the tissues with which it comes in contact and so facilitates observation as to whether or not the right spot is being treated.

TUBERCULIN AND TUBERCLE BACILLI IN THE BLOOD.

Dr. H. Kossel (*Berlin klin. Woch.*, No. 19, 1891) returns to the question of the appearance of tubercle bacilli in the blood after the exhibition of Koch's tuberculin, and maintains that Liebman's statements and statistics must be very much exaggerated or based on error. Liebman found tubercle bacilli at all times after injection; in 17 out of 43 cases during the febrile stage, and in 39 out of 98 during the apyrexia. Kossel, in a second series of experiments, has examined 10 new patients, and in only a single case was there even a bacillus that might be mistaken for a tubercle bacillus. Giving the results of all other workers who have taken up the question, he finds that in 800 recorded observations, only 3 tubercle bacilli have been found. These figures contrast very markedly with Liebman's, who obtained positive results 56 times in 141 examinations.—*Brit. Med. Jour.*

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

Subscription $3.00 *per annum, payable in advance.*

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BALTIMORE, AUGUST 1, 1891.

Editorial.

THE PROGRESS OF THE WORK OF MEDICAL ORGANIZATION IN MARYLAND.

It is a great pleasure to this JOURNAL to note the progress of the work of medical organization in this State. Since the first semi-annual meeting of the Medical and Chirurgical Faculty, which was held in Hagerstown, in November, 1889, this work of organization has progressed in a most satisfactory way. The first movement was made by the profession of Washington County, which indicated the influence of the Faculty in the most positive manner. The Washington County Medical Society was promptly organized, and from the date of its organization it has not failed to hold its regular quarterly meetings. This Society has already done most creditable work, as can be attested by reference to the reports of its meetings, which have been published in this JOURNAL. The Society has an active membership of over thirty and is on a forward movement. Its future is assured.

In other counties of the State the profession have come together and formed similar organizations. Thus in Allegheny, Cecil, Harford, Montgomery, St. Mary, and in one or two counties on the Eastern Shore, medical societies have come into successful operation. With the exception of the Harford and Allegheny County medical societies, these organizations have come into existence since the Hagerstown meeting.

If straws indicate the direction of the wind, this work of organization is convincing proof that this movement has not only come to stay, but is sure to grow. There are other large counties in the State to be heard from, but we are not without hope that they, too, will fall into line and organize for active work. Now, what does this movement mean? Clearly it shows that the profession throughout the State realize the importance of co-operation and the necessity for thorough organization and work. For many years things have been more or less at a standstill in this State, but the experience at Annapolis two years ago demonstrated that a co-operative movement upon the part of the profession was demanded,

We are on the eve of another important political contest in this State. Within the next few weeks the candidates for the next General Assembly are to be selected.

If medical legislation is to be sought from the next Legislature, the medical profession of the State should now be at work and exercise its influence in the selection and election of proper men for both houses of the General Assembly. In many ways the influence of the profession of this State can be exercised. We hope to see a large number of physicians selected for this body. It is possible to secure a creditable representation of the medical profession in our legislative halls. Such men can not only serve the citizens of the State, but they can render a valuable service to the medical profession and to the higher interests of education and of science. No more important body of men has ever been required for the General Assembly of this State than is needed for the one which is to meet in Annapolis next winter. There are many important matters which will require intelligent legislative action, and there are few that demand more earnest consideration than a law to regulate the practice of medicine in the State.

. . . . .

We do not exaggerate the importance of this matter when we say that it is high time for the physicians of this State to come to the front and assert their influence in the selection of proper men to represent the State in the next Legislature. In the past, too little consideration has been given to these matters by the medical profession. We have assented to every phase of legislation that the political bosses have dictated. We saw, two years ago, the almost unanimous wish of the medical profession of the State thrown overboard through the influence of a half dozen politicians. The same thing will be enacted again if action is not now taken to prevent such a disgraceful occurrence.'

. . . . .

If the work of organization of the profession which is now under way means anything, it is that the profession will make itself heard in our legislative bodies during the coming winter. We therefore urge the physicians of the State to be up and doing, and to make its influence felt in the selection of the members of the next General Assembly.

HYDRORRHŒA OF UTERUS.

The discharge of large quantities of clear alkaline fluid from the mouth is quite frequently observed, both in nervous women and in persons of both sexes who suffer from chronic diseases of the digestive organs. In diabetes insipidus there is a very excessive excretion of dilute urine from the kidneys. It may be that these phenomena, together with the profuse discharges of watery fluid which sometimes occur from other regions of the body, will some day be grouped together under the common title of "Hydrorrhœa" and traced to some particular disorder of the lymphatic system associated with, and perhaps dependent upon, functional or organic disease of the nervous apparatus which governs the circulation of the lymph.

Among the rarer forms of hydrorrhœa is that which effects the non-pregnant

uterus. It appears to have escaped the attention of some of our best text-book writers, if indeed any cases of the disorder have heretofore been reported.

In the *Lancet*, May 2, 1891, Dr. Keith reports a case of "watery discharge from the uterus" in an unmarried lady thirty-six years of age. Menstruation had begun at fifteen. At twenty, after a severe attack of pneumonitis, menstruation ceased during several months. During its cessation, the flow of water began, at intervals and in gushes. Three years later it became more violent, perhaps from catching cold at a menstrual period. During the ten or twelve years which intervened before she consulted Dr. Keith, the discharge was constant, day and night, with frequent gushes superadded to the steady flow. It would stop during menstruation if the patient lay perfectly flat in bed, but if she got up the flow would become very violent and the menstrual discharge would either cease or appear to cease. The patient described the watery flow as "greater than she could tell, drenching her from head to foot many times a day." All of her dresses had to be lined with waterproof material, and every night her bed had to be made up as if for a confinement; otherwise the mattress was sure to be ruined. The discharge was thin, colored like dirty water and emitting a heavy, sickly odor. The general health of the patient was quite broken down, she was in a highly neurotic condition, and large doses of bromidia were taken every night. The uterus had been curetted on three occasions, the last time with temporary relief, during several months, from the flow.

On examination, Dr. Keith found the uterus somewhat larger than normal, with a distinct swelling near it on the left side, which proved to be only a thin-walled cyst of the parovarium. From the constancy of the flow it was clear that the discharge could not be due to collections of fluid in the tubes, as these would escape only intermittently. The relief which had followed curetting some years before indicated that some abnormal activity of the uterus was at the bottom of the trouble. It was therefore determined that the functions of the uterus should be permanently checked by excision of the ovaries. The operation was performed in September, 1888. The uterus was seen to be flabby and larger than normal. The ovaries were somewhat small, but apparently healthy. The Fallopian tubes were soft, anæmic and dilatable, admitting an ordinary cedar pencil (lead pencil?) for some distance from the fimbriated end. No additional light was thrown on the origin of the hydrorrhœa by the operation. All discharge ceased within a week, and there was no abdominal disturbance. The patient suffered, however, from an attack of double pneumonia, which would probably have resulted fatally but for the timely administration of strophanthus. Convalescence was slow, but two years after the operation she wrote to her physician "my life now is simply perfect happiness."

That cases such as those now under consideration belong to the class of disorders known as functional (that is: due to imperfection in the co-ordination of bodily activities and not to profound tissue disorganization) is proven by the fact that the general health of the patient is never affected as profoundly as might be

expected if organic disease were present, and by the rapid recovery of health when the organs which preside over the functional activities are excised, or when the nervous system is quieted and brought to a more natural performance of its duties by the administration of soothing drugs or by the removal of the psychical influences which disturb it.

DR. B. W. RICHARDSON ON HYDROGEN PEROXIDE.

Now that hydrogen peroxide is coming into general favor in this country as a remedy for very many local and systemic disorders, it is instructive to receive through the columns of the *Lancet*, March 28, 1891, an account, given by the eminent physician who first introduced it to the notice of the profession at large, of the steps by which he was led to a knowledge of its virtues and of the various uses to which it has been put or may be put in the treatment of disease.

Hydrogen peroxide is a definite chemical compound which, under certain conditions, readily separates into water and nascent oxygen. It mixes in various proportions with water, forming perhaps in certain proportions a special chemical combination with it. It is generally sold in what is called a "fifteen volume" solution, which remains unchanged when kept in a cool place; but rapidly parts with its oxygen when, as is customary, it is applied diluted by from four to ten times its bulk of water, to suppurating wounds or taken by the mouth into the stomach. Although it was discovered in 1818, it had been so completely forgotten by 1858 that Dr. Richardson, beginning his observations upon it in that year, was compelled to prepare it for himself in his own laboratory. At present it is said that Marchand's peroxide is the best in the market.

Dr. Richardson has found the peroxide useful in many conditions of disease. He has employed it in *diabetes mellitus* since 1862. In four cases the patients were medical men, and they all were satisfied that its influence was beneficial; indeed, one of them took it during a period of eleven years. It always reduces the amount of sugar, but does not lessen the quantity of urine discharged. The best prescription he has ever used in this disease is: codeine 3 grains, alcohol (sp. gr. 0.830, a little stronger than common alcohol) two drachms, peroxide solution (ten volume) two ounces, distilled water to make twelve ounces; dose, half an ounce in water, t. i. d.

In the first stages of *phthisis pulmonalis* it is the best remedy known to him; and in the later stages, when dyspnœa is the distressing symptom, it gives more relief than any other agent, especially when given with "ozonic ether" (a mixture of peroxide with ether in proportions which he does not detail). It soothes, and appears to supply oxygen to the blood, and so to act as a substitute for deficient respiration.

In *whooping cough*, it is the nearest thing to a specific known to medicine. Here it may be given by the mouth—ten to sixty minims of peroxide solution diluted with half an ounce of alcohol and water (1 to 4)—or as an inhalation in the form of "ozonic ether." Formulas are given for the appplication of sprays

of "ozonic ether" in asthma and angina pectoris, and for the incorporation of various substances miscible with ether, such as nitrite of amyl, in these sprays.

It is of value in *syphilis*, especially in all the chronic stages in which mercury and iodine of potassium are usually given. The use of peroxide in this disease was first suggested by the observation that when given for a long time in other diseases it sometimes caused salivation, suggesting an eliminative action through excretory glands similar to that of mercury and the iodides. It may be given in doses of two drachms or half an ounce, t. i. d., along with cinchona infusion. It renders smaller doses of mercury than usual effective.

The solution of peroxide, either alone or in combination with glycerine, is of undoubted value in promoting the separation of *diphtheritic* membrane. The twenty-volume solution may be applied freely to the fauces or nares with borax or with glycerine, and to adults it can be given as a spray.

In *eczema* it may be used with advantage as an ointment made by rubbing up ozonic ether with spermaceti ointment into a thin paste. This ointment is also useful for inunction of the skin in scarlatina.

The peroxide solution is an excellent dressing for *foul sores*; better with the addition of dilute hydrochloric acid, a minim to an ounce. It removes the offensive odor, acts as a local sedative and hastens healing of the sore.

In *ulcerations* of the *lower bowel* it is a very useful local application. Here the parts may be cleansed and soothed by irrigation of the bowel with a wash containing peroxide, tannin and dilute hydrochloric acid. (Perhaps the following may be taken as a sample wash for such cleansing purposes: tannin ten grains; pure glycerine one ounce; distilled water four ounces; dilute hydrochloric acid ten minims; solution of hydrogen peroxide to make eight ounces).

In addition to the applications for which this drug is fitted as shown by his personal experience, Dr. Richardson suggests a number of conditions in which it might well be tried. In *typhoid fever* it might be used as a high irrigation. He thinks the oxygen or ozone liberated would diffuse throughout the whole alimentary canal, cleansing it.

As it relaxes muscular spasm and restores natural contractility when absorbed into a circulation deficient in oxygen, it might be useful injected into *tetanized muscles*.

Medical Progress.

FURTHER PROGRESS IN MEDICAL EDUCATION IN NEW YORK.

The Medical Department of the University of the City of New York makes certain special announcements this year which should have a very general interest, indicating as they do a decided advance in educational methods. First: The Faculty have placed the College upon a true University basis; that is, the pecuniary interests of the College have been put entirely in the hands of a body separate from the Faculty, while the latter receive fixed salaries, and are free to give their time and energy to advancing the standard of the curriculum unincumbered by financial care. This step makes the Faculty quite independent of the number of

students who may attend the college classes. A second change consists in making the three years' course obligatory; and a third, perhaps the most important of all, consists in the introduction of the recitation system in place of the didactic lecture during the first and part of the second year.—*Med. Rec.*

GERMANY VERY BACKWARD.

The largely signed petition, praying "That the study of medicine at German universities be thrown open to women, and that women duly qualified be allowed to practise the medical profession," was contemptuously dismissed in the German Reichstag. That the petition would be rejected was a foregone conclusion. But it might have been expected that the question—which is everywhere acknowledged to be a burning one—would have been seriously discussed. It seems, however, that this was thought quite unnecessary by the opponents. The arguments against the petition were of the familiar, well-worn description, more suitable to a provincial debating club than to the Parliament of the German Empire. "Women should keep house, and not meddle with science. Women who study are objectionable." This was the gist of the opponents' speeches; the discussion did not rise above this level, and the petition was quietly thrown out.—*Brit. Med. Jour.*

TREATMENT OF ADVANCED UTERINE CANCER.

M. Levrat, of Lyons (*Revue de Chirurgie*, May 10th, 1891), has performed eleven partial operations on advanced cases of cancerous uterus with excellent results. He cuts away exuberant growths projecting into the vagina and scrapes fungous prominences with the curette. In all cases the patient's health was improved; three died three or four months after the operation; in three recurrence did not occur for over a year. In one of the latter cases the patient, age 52, had a cauliflower mass projecting from the cervix, with infiltration of the broad ligaments and extension of the disease to the vagina. The tumour was very large and the body of the uterus bulky. The mass was cut away, then the curette was used. That instrument suddenly entered the uterine cavity, a great quantity of pus at once escaping. The cervix was dilated and the uterine cavity scraped. Amelioration was rapid. Eight days later M. Levrat renewed the scraping treatment and thoroughly burnt the parts with the thermo-cautery. Recurrence did not occur for thirteen months. In two other cases pus was emptied out of the uterus and the parts scraped and cauterised. The thermo-cautery was used at the first sitting and a stick of chloride of zinc at the second—one week later. The marked improvement in the miserable state of health of unfortunate patients suffering from advanced uterine cancer was a particularly encouraging feature in these cases, where the treatment apparently involved but little immediate risk to life.—*Brit. Med. Jour.*

SULPHONAL IN THE NIGHT SWEATS OF PHTHISIS.

Dr. Erede, of Genoa, calls attention (*Riforma Medica*, May 22nd, 1891), to what he calls "the marked antidiaphoretic action of sulphonal." He says that if given in the early hours of the evening it almost invariably succeeds in suppressing or greatly diminishing the night sweats of phthisis. A dose of half a gramme, given in the form of pastille or suspended in some gummy vehicle, generally suffices.

The largest amount given was 1 gramme; this failed of its effect only in a very few cases in which the disease was extremely advanced. As no untoward effects were ever noticed, even in very debilitated patients, Erede thinks that with proper precautions the drug might be pushed up to 2 grammes, the usual hypnotic dose. In many cases he observed that in discontinuing the sulphonal after a time the sweat-

ing did not begin again at once, but only after some days, when it was immediately checked by repeating the medicine. This shows that the organism does not readily adapt itself to the prolonged use of the drug, as it does, for instance, to certain narcotics. Erede is inclined to think that the effect of sulphonal in checking diaphoresis is to be explained by its action on the nervous system.—*Brit. Med. Jour.*

TREATMENT OF FLATULENCE.

Flatulence is a trouble that sometimes defies medical treatment. A French journal recommends the following:

℞.—Naphthol . . . 3 i;
Carbonate of magnesium . . 3 i;
Powdered charcoal . . 3 i;
Essence of peppermint . . gtt. ii.

This is to be divided into fifteen powders, and one taken at the beginning of each meal.

When the flatulence is accompanied by constipation the following may be used:

℞.—Magnesium sulphate . . 3 i;
Flowers of sulphur . . . 3 i.

To be made into fifteen powders, one of which is to be taken at each meal.

When diarrhœa accompanies the flatulency:

℞.—Bicarbonate of sodium . . grs. xxx;
Prepared chalk . . . grs. xv;
Powdered nux vomica . . grs. iii.

May be made into ten powders, one of which is given with each meal.

—*Pharmaceutical Record.*

NEW METHOD OF TREATING VARICOSE VEINS.

At the German Surgical Congress, Dr. Landerer, of Leipsic, communicated the details of a new method of treating varicose veins. This consisted in the application of a kind of truss, that was applied like a garter, and by its permanent pressure on the saphena vein effected a cure. Pressure was obtained by an India-rubber pad situated on the inner surface of the truss and filled with water. The pressure was constantly kept up until the wall of the dilated vein was ulcerated through. He had adopted this method of treatment from an observation of a deceased colleague, Herr Ravoth, who treated varicoceles by the application of a truss. Professor Bardeleben remarked that Ravoth had himself often told him that his cures of varicocele had not been permanent; he feared that Landerer's procedure would not effect a lasting cure.—*Med. Press.*

BROMOFORM AS A TOPICAL APPLICATION.

Dr. Solomon Solis-Cohen, of Philadelphia, says, in *Med. News*: "I have recently employed bromoform in a severe case of ozæna as a topical application to the nasal mucous membrane after thorough cleansing with hydrogen dioxide. The absence of the severe local reaction anticipated, together with the extraordinary success of the measure, not only in destroying the odor but in controlling the morbid secretion, encouraged me, after preliminary trial upon my tongue and pharynx, to use the same agent as a topical application to tuberculous and other ulcers of the larnyx, after cleansing with hydrogen dioxide. Here the agent seemed to exert analgesic as well as disinfectant properties, as pain was relieved and healing apparently promoted. The agent being extremely volatile, the immediate effect is transient, and I have, therefore, followed the application of bromoform with

insufflation of iodoform in powder. While this somewhat obscures the therapy, yet the effect was better than when iodoform had been used without bromoform in the same cases. This preliminary note is published at this time to induce further trial and report by others."

INHALATION FOR ACUTE CORYZA.

Hayem has found relief, though seldom cure, follow inhalations of carbolic acid and ammonia. He recommends the following formula:

℞—Pure carbolic acid,
Water of ammonia . . . . āā ʒ j.
Alcohol . . . . . ʒ ij.
Distilled water . . . . . ʒ iij.

Sig.: Pour a few drops on thick blotting-paper and inhale the fumes for a few seconds.—*Med. Rec.*

CARBOLIC ACID AS A LOCAL ANÆSTHETIC.

Dr. C. T. Meacher, in *Items of Interest*, an American Dental journal, suggests a 5 per cent. solution of carbolic acid in water as a local anæsthethic that is safe and reliable. Four or five drops should be injected under the gum on each side of the tooth to be extracted. He says in most cases this is effective, and where inflammation exists around the root the action is most satisfactory. Dr. Meacher thinks that with moderate care there need be no fear of constitutional symptoms arising, considering the small quantity used. M. Viau, of Paris, who read a paper on the subject before the Société d'Odontologie in 1886, expressed his opinion that it was of quite as much power as cocaine, and did not produce any dangerous symptoms.—*Lancet*, July 18th.

PRURITIS ANI.

Kelsey prescribes acetate of potassium, ten grains three times a day internally, and a ten per cent. solution of nitrate of silver locally, to be followed by the following ointment:

℞—Menthol . . . . . 1 drachm.
Simple cerate . . . . 2 ounces.
Oil sweet almonds . . . 1 ounce.
Carbolic acid . . . . 1 drachm.
Powdered oxide of zinc . . 2 drachms.

M. Sig. Apply morning, noon, and night, after cleansing the parts.—*Med. and Surg. Rep.*

TREATMENT OF GONORRHŒA.

Dr. Hanika, of Munich, recommends (*Der Aerztliche Praktiker*, No. 11, 1891) that gonorrhœa be treated by filling the urethra with a powder composed of equal parts of tannin, iodoform, and thallin sulphate, and states that in twenty-six cases in which he has used this method of treatment it never failed to cure the disease in a very short time. The powder is introduced through a metal tube fitted with an obturator, a straight instrument being used when the anterior portion of the urethra only is affected, and a curved one when the posterior portion has to be reached. The application is always to be made immediately after the patient has emptied his bladder. In most of Dr. Hanika's cases the process was repeated only once a day, but the result was more favourable when the applications were made night and morning. Dr. Hanika states that he has, by this means, often cured the most violent gonorrhœa in a few days.—*Brit. Med. Jour.*

OINTMENT FOR HEMORRHOIDS.

℞—Hydroclorate of cocaine	. . .	grs. xvj.
Sulphate of morphine	. . .	grs. v.
Sulphate of atropine	. . .	grs. iv.
Powdered tannin	. . . .	grs. xvj.
Vaseline	. . . . .	ʒ j.
Essence of rose	. . . .	q. s.

Make an ointment and apply to the affected parts after each movement from the bowels. It is necessary to have the discharges of soft consistence.—*Boston Med. and Surg. Jour.*

NEW YORK STATE EXAMINATIONS IN MEDICINE.

On July 11th, there was a conference at Albany of three State Boards of Medical Examiners—Regular, Homœopathic and Eclectic—provided for by the new law enacted by the last Legislature. The object of the meeting was to discusss the details of the State examinations in medicine, which, after the 1st of September next, every new practitioner will be required to pass.

The chairman was empowered to appoint a Question Board of six members, to consist of two from each of the separate examining boards, for the purpose of preparing a syllabus in all departments of study except those of materia medica and therapeutics.

Four examinations were ordered to be held each year in the cities of Buffalo, Syracuse, Albany and New York, at times to be designated by the Board of Regents, after consultation with the faculties of the various medical institutions. It was also determined that examinations on all subjects should be held in the English language and at one time, and that all candidates must be graduates of medical colleges and have the degree of M. D. The conference then adjourned subject to the call of the chair.

The three medical boards subsequently held separate meetings and arranged for permanent organization. The board of the Medical Society of the State of New York elected Dr. Wey, of Elmira, President, and Dr. Fowler, of Brooklyn, Secretary, and appointed them to represent the Board on the Syllabus Committee. —*Boston Med. and Surg. Jour.*

LACTIC ACID IN DIARRHŒA.

At a recent meeting of the Société Médicale des Hôpitaux, Professor Hayem communicated a note on the above subject. He prescribes as follows:

℞—Lactic acid	. . . .	10 to 15 gram.
Syrup of mulberry	. . .	200 gram.
Water	. . . . .	500 gram. M.

Half a glass to be taken at a time between meals.

Professor Hayem would recommend the same recipe as a prophylactic, and as a curative agent in epidemic cholera.—*Boston Med. and Surg. Jour.*

ARISTOL IN BURNS AND SCALDS.

Dr. Heinrich Stern, of New York, having used aristol in two cases of burns and scalds, speaks highly of its influence in promoting early and rapid recovery. In the first case the injury was a burn of the forearm of the "fourth degree"; the skin and subcutaneous tissues had been destroyed, the parts turned hard, dry, and eschar like, the surrounding skin became contracted and folded. Aristol and vaseline in the proportion of one to ten were at once applied. The eschar separated completely by the fourth day, and under the continuous use of the

ointment suppuration was limited, and granulation and repair were completed in less than a month. In the second case, a child of four years old fell in a bath of hot water, and blistering resulted nearly all over the body. The largest blisters were punctured, and aristol and vaseline in the above-mentioned proportions were applied, and recovery was complete in the course of about two weeks.—*Lancet.*

Medical Items.

Dr. J. P. Crozer Griffith has been elected Clinical Professor of the Diseases of Children in the University of Pennsylvania.

Dr. Jos. H. Monmonier has been nominated by the Democrats of Baltimore County for the position of member of the the Maryland House of Delegates.

Dr. Frank H. Potter, a prominent young physician of Buffalo, N. Y., died in that city on July 16th, at the age of 31 years. He was at one time an associate editor of the Buffalo *Medical and Surgical Journal.*

Dr. Joseph P. Logan, a well-known physician in the South, died recently at his home in Marietta, Ga., at the age of 71 years. He was at one time a professor in the Atlanta Medical College and editor of the *Medical and Surgical Journal* of that city.

Dr. Oscar W. Schindell, a graduate of the University of Maryland, class of 1873, died at his home in Hagerstown, Maryland, on July 26th, with heart disease. When a student of medicine, Dr. Schindell had an attack of pericarditis, which came near destroying his life. He has been in poor health for some years.

At the fifty-seventh annual general meeting of the Royal Statistical Society, held recently, it was resolved to found a gold medal, to be called the Guy Medal, to commemorate the services of the late Dr. Guy, the eminent authority on forensic medicine. The medal will be awarded from time to time as a recognition of original statistical work.

Dr. A. P. Southwich, the originator of execution by electricity, who was also present at Sing Sing, N. Y., has expressed himself as completely satisfied with the result. He is reported as saying: "The executions were a success in every way, and there was not the slightest hitch. Electric execution has come to stay. These executions have demonstrated that the method is humane."

By the will of the late Mr. John T. Farish, who died recently in New York, charitable bequests were made to St. Luke's Hospital, $50,000; Home for Incurables, $50,000; New York Cancer Hospital, $25,000; Hospital for Ruptured and Crippled, Nursery and Child's Hospital, House of Rest for Consumptives, and Manhattan Eye and Ear Hospital, each $10,000.

The Minister of Education and Medical Affairs freed Prof. Koch from his professional duties during the past winter session to enable him to devote his undivided attention to the study of tuberculosis. The private lecturer, Dr. von Esmarch, a son of the famous surgeon of Kiel, lectured on hygiene in his stead, and conducted the practical work in the Hygienic Institute. It is believed that Dr. Koch will not return to the Chair of Hygiene.—*Med. Prac. and News.*

The number of students registered as attending the London medical schools has been computed at 2150 of from one to five years' standing, to which must be

added about fifty more who are registered elsewhere, but who are attending the classes or hospitals in London. From this total of 2200 must be deducted a certain number due to illness, absence, or death. It is believed that this number of students is second only to one other city in the world—namely, to Vienna, which is believed to have 2318 medical students on the Register, including those who study pharmacy.

Some weeks ago Mr. Wm. L. Crouse, the Washington correspondent of the New York *World*, wrote to that paper a statement to the effect that Dr. Wm. A. Hammond, of that city, had charged a fee of $5,000 for removing a wen from the scalp of Senator Leland Stanford's wife, of California. Dr. Hammond took great displeasure at this false, malicious and defamatory statement, which reflected upon his honesty, integrity and reputation, and brought suit for libel. The Grand Jury of the District took the matter under consideration and on July 16th brought in an indictment against Mr. Crouse. The indictment alleges the statements made by Mr. Crouse to be "to the great injury, scandal and disgrace of the said Wm. A. Hammond, and against the peace and government of the United States." The trial will take place next autumn.

Dr. Sara C. Seward, for twenty years a medical missionary in India, died suddenly, of cholera, at Allahabad, on June 16th. She was a native of New York State. Her father was a younger brother of the late Secretary Seward. In 1870 she was graduated in medicine at the Philadelphia Women's Medical College. She was among the first of female practitioners to go to India for the purpose of carrying medical aid to the women of that country, whom no male physician was ever permitted to see, and during seventeen years of her medical life was under appointment by the Presbyterian churches of this country. She founded a dispensary for the treatment of Hindoo women and children, at which, in the year 1890, there was a daily average of forty-four patients, all females.—*N. Y. Med. Jour.*

The Society for Assisting the Wounded has distributed 104,000 francs (£4,160) among the hospitals at Tonkin, Cochin China, Cambodia, Senegal, and Dahomey. The society has organized 66 infirmaries at railway stations, created 11 auxiliary country hospitals, has bought 88 sheds for impromptu hospitals, and improved the permanent hospitals. The ambulance material to be used in time of war belonging to the society represents an expenditure of £4,080. The lectures for hospitals and ambulance nurses are thoroughly well organized. The Rheims branch lately obtained permission from the military authorities to join the ambulance manœuvres, and furnished 208 *brancardiers* (male nurses). The subscriptions amount to £12,000. The capital, without counting the material amounts to £200,000.—*Brit. Med. Jour.*

The Spanish Government is about to submit to the Cortes a proposal for the creation of a Clinical Hospital in connection with the Faculty of Medicine of the Central University (Madrid). Additional facilities for clinical instruction are said to be urgently needed in the Spanish capital, and it is gratifying to know that the Government is showing symptoms of being alive to the fact, but those interested in the reform of medical education in Spain are not sanguine that the measure will be carried into effect, at any rate for a long time to come, past experience having shown that the powers that be in Spain act up to the spirit of Lord Melbourne's favorite motto, never to do to-day what could by any possibility be put off till to-morrow.—*Brit. Med. Jour.*

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 15. BALTIMORE, AUGUST 8, 1891. NO. 541

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A DAY'S WORK IN OBSTETRICS.*

BY WILMER BRINTON, M. D., OF BALTIMORE.

During the course of my professional career, I have often been profoundly impressed with the fact that in obstetrics, as well as in other branches of medicine, difficult cases seem to come together, and the cases to which it is my desire to invite your attention this evening, occurring, as they did, within twenty-four hours, have served to exemplify in a marked manner the old maxim, "troubles do not come singly." And, as each case offers material for discussion with regard to treatment, I thought it would be of interest to report them to this Society, which is partially devoted to furthering the interest and advancement of this special branch of medicine. To see crowded into the short space of one day, cases of labor, such as many do not meet during a long and busy professional career, is, I think, worthy of mention. A case of version early in the morning; a normal case in the afternoon; a woman dying undelivered, with a ruptured vagina, before midnight; a case of placenta prævia before dawn of next morning;—all make a memorable twenty-four hours to me.

CASE 1.—At 11 P. M., on April 21st, I was called to see M. C., whom I had been engaged to attend in confinement. She was 21 years of age, and 15 months ago was delivered of her first child. At that time there was no trouble as far as the child was concerned, but from her history it must have been necessary to re-

*Read before the Gynecological and Obstetrical Society, May, 1891.

move manually a portion of the placenta. When I first saw her, she had been in labor eighteen hours. The pulse was normal, the cervix soft, but not dilated to its full extent, membrane intact, child presenting vertex, and occiput to the mother's right and front. The cervix dilated very soon to its full extent, and within an hour after that event I ruptured the membranes, expecting delivery would be soon completed. Her pains grew stronger at once and the intervals between them less, until the uterus became quite tetanic. The pains became constant, did not relax a moment, and when the hand was placed over it the uterus felt firm and dense; but with all this, the head remained free and movable above the superior strait. This continued for 3½ hours, when I decided that something must be done. The mother's pulse had become more and more rapid, until it was 115 between pains; her mouth was dry, her pains constant. She was rolling from one side of the bed to the other. At 4.30 in the morning, the head being still in the same position as it was when I first saw her, at 11 o'clock, and the woman becoming more and more exhausted (although the child's head was in a good condition), I put the woman under chloroform with the intention to deliver by the Neale's forceps, but when I went to apply the forceps, I found the head so movable that I decided to do podalic version instead, so I passed in my hand, seized a foot, turned and delivered the child as soon as possible. The child was somewhat asphyxiated, but was readily resuscitated. When I was turning the child, although the mother was profoundly under the influence of chloroform, the uterus clamped the child very firmly, and I performed version with some difficulty, owing to this fact. The mother and child did well and passed from under my care at the end of an uneventful lying-in.

It is not my wish to revive the old controversy of version versus high forceps. Individually, I am in favor of forceps in the majority of cases similar to the one reported, although many of our best authorities recommend version as long as the head is free and movable above the superior strait. In this case I made the attempt to apply forceps, but the position of the child made me deviate from my ordinary plan and resort to version. I should be glad to hear some discussion concerning the treatment of these tedious labors when membranes are ruptured, the pains incessant and no advance is made. Statistics prove that even in the hands of skilled obstetricians, both version and high forceps may be dangerous to mother and child. In this class of cases would it be better to wait longer? If we do, is not the mother's condition growing worse constantly? Shall we administer anodynes in order to give the mother some relief and stop to some extent uterine action for a time? Or shall we proceed to delivery before the os becomes œdematous and before the mother is worn out too much?

Case 2.—*A Case of Normal Labor.* I was called at 3.30 P. M. of the same day, April 22nd, to see Mrs. H., who was ending her fifth pregnancy. I found her having some pain, with the history of some bearing-down feeling in the morning. Upon making a vaginal examination, I found the child presenting vertex, the head low down in the pelvis, and rotation almost completed, although the cervix not much dilated. I advised her to keep out of bed as much as possible and promised to return by 7 o'clock, but having gotten through with some of my business sooner than I expected, I got back to my patient's house at 6 o'clock, and was surprised at the marvelous changes which had taken place in a few minutes over two hours. I found the cervix fully dilated, the head on the perineum, and the pains very expulsive in character. I immediately ruptured the bag of water and within five minutes the head was delivered without the slightest tear of the perineum. The placenta was expelled within ten minutes by the Credé method,

and after remaining one hour, seeing that the patient was doing well, making her clean and comfortable, I left her in charge of her nurse. She has done well and was dismissed at my usual time, without having one unpleasant symptom during her lying-in period. Her child was a female, about the average size.

CASE 3.—*Shoulder Presentation; Efforts at Version Unsuccessful; Vagina Ruptured; The Woman dying Undelivered.*

At 8.30 of the same evening, I was requested to see Mrs. H., a negress, in consultation with three practitioners who had seen the case during the afternoon. The history I received from these gentlemen is as follows: The woman, Mrs. H., had given birth to two children within the past five years; both labors had been tedious and one of the children was still-born. The present pregnancy was her third, and two and a half days before, she had had pain, and at this time the bag of water broke; as on other occasions, a negro midwife was sent for and took charge of the case. At the end of nearly three days, no progress being made, it was thought best to summon a doctor, who saw he had to do with a neglected shoulder presentation. Besides the long delay in the recognition of the abnormal presentation, the evidence was very strong that the midwife had given the woman ergot. This was denied in the most decided manner, but as a bottle with some ergot in it was found, it is almost positive that this remedy had been used in quite a heroic manner, before it was decided by the midwife and the family that physicians should be sent for. From 2 o'clock in the afternoon until 7 in the evening three physicians saw this case and efforts were made to perform version, but all were unsuccessful. Only one leg could be brought down, which was broken in the efforts made to turn. I saw the woman at 9 o'clock at night, being the fourth doctor in attendance. I found the woman dying, pulse hardly perceptible. By request of the gentlemen present, I made an examination, and found the broken leg and arm in the vagina, and back of the child to the mother's front and the head in the left iliac region. On the right I found the walls of the vagina torn from the attachment to the walls of the uterus and some of the intestines came down into the vaginia during my examination, and I could introduce my hand through the rent into the peritoneal cavity and feel the mass of intestines there. No efforts were made to remove the child, the woman dying within a few minutes, undelivered. Next morning at 11 o'clock, 13 hours after death, a post-mortem was made in the presence of five physicians. Upon opening the abdominal cavity the uterus was found almost completely torn away from its vaginal attachment and was above the child, or, in other words, the child was in the abdominal cavity and entirely outside of the uterus with this exception of one foot. The child being removed and an accurate measurement taken it was found that the pelvis was contracted in the antero-posterior diameter, the diameter being only 3¼ inches, scant.

CASE 4.—*Placenta Prævia Lateralis; Treated by Internal Podalic Version; Mother and Child Saved.*

Was requested at 4 o'clock, on the morning of April 23rd, 1891, by two fellow practitioners, to see with them Mrs. H., who was having exhausting hæmorrhages from placenta prævia. The patient was 36 years of age; she was supposed to be ending the eighth month of her sixth pregnancy. Her former labors were normal, with the exception of her fourth, a twin pregnancy. As on other occasions, a midwife was to officiate at this labor, and had been sent for in the early part of the night. On her arrival she found the patient losing blood, but after midnight the hæmorrhage becoming more decided and the patient's symptoms more alarming, the physicians were summoned, to whom the patient stated that besides the great hæmorrhage going on then, she had been losing blood continuously for four or five

days previously. When I first saw the patient with her physicians, I found the bed saturated with blood. She was rolling from one side of the bed to the other, pulse rapid and weak, lips pallid; extremities cold, and exhibiting all of the characteristic symptoms of the so-called "air-hunger," indicating great loss of blood. A digital examination rapidly made indicated that we had to do with a case of *placenta prævia lateralis*, the placenta being attached to the left side of the uterus, extending and filling up about one-third of the dilating internal "os." The child presented vertex, and the occiput was to the mother's left and front. The bag of water was unruptured, the cervix dilated and dilatable. As the woman at this time was seemingly in a dying condition, no time was lost for a more thorough examination, and I decided at once that version was the operative measure to be instituted in the interest of both mother and child. I ruptured the bag of water, performed internal podalic version and delivered the child in a very rapid manner; some little delay in delivering the head caused the child to be born asphyxiated, but by the intelligent efforts of one of the physicians present we soon had the pleasure of hearing the child cry.

After the delivery of the child, I introduced my hand into the uterus and thoroughly removed the placenta and membranes. The uterus contracted well, and all hæmorrhage ceased. During and immediately after the operative measures, the patient was receiving stimulants, by the mouth and hypodermatically. For a time her pulse grew better, but within an hour after the birth of the child and without the further loss of blood, she had two attacks of syncope, and her pulse could not be felt at the wrist. However, by the continuation of stimulants and other methods for combatting cerebral anæmia, she grew better, and under strict antiseptic care, which was carried out in an intelligent manner by her attending physician, she has done well, and now, a fortnight or more after her delivery, both mother and child are doing well.

FIFTY YEARS' EXPERIENCE IN OBSTETRICS.†

BY JOHN S. CLARK, M. D., OF CHICAGO, ILL.

Mr. President and Gentlemen: When I set out to write these my obstetrical reminiscences and conclusions, in a rather disjointed manner, as I could catch time in the intervals of professional business, it seemed quite a long, and, as I thought, rather a disagreeable article, going much into detail; and it was long and dry and tedious. I had not gotten half through with it when I remembered how much I had suffered in acquiring the knowledge and facts set forth, and I felt I had no right to inflict upon you gratuitously what I had endured and been paid for; so I set about, rather late in the day, to summarize and shorten my article, and found the last day, and in the afternoon, before it was two-thirds finished.

This is the Golden Age of the obstetric art. When Zeuxis and Apelles were painting those wonderful pictures which deceived birds and animals, and Phidias and Lysippus carving those colossal statues of gold and ivory, many of which were sold for their weight in gold—at that time, which has been by many considered the Golden Age of the fine arts, one art was far behind. Hippocrates, who was a contemporary of these artists, begins his celebrated aphorisms with: "Life is short and the art long; the occasion fleeting, and experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants, and externals co-operate."

†Read before the Chicago Gynecological Society.

I quote the whole of the first aphorism, so wisely, so nobly expressed. But our art was then in its infancy, comparatively, as I will illustrate by another quotation from the same great man: "When the child presents double at the mouth of the womb, it should be pushed upward so that the head may come down."

"When a hand or foot protrudes it is to be pushed up in like manner, and the head made to present."

When, in feet presentations, the head is retained after the body is delivered, he advises us "to introduce a hand between the os uteri and the head, and deliver it."

When the secundines are retained, he orders us "to extract them slowly," and for this purpose directs that, the woman being placed on a stool, the child not having been separated, it is to be allowed to hang down, so that by its weight it may produce separation; and "lest its weight should occasion too strong pulling," he advises "it be laid on wool, or bladders filled with water, so that when perforated the child shall sink down gradually and draw away the placenta."

Celsus directs us, "in arm presentation, to pull down the head with a hook in the eye, ear, mouth, or forehead."

Aetius gives as a cause of difficult labor, "A too compact union of the ossa pubis."

According to Eros, difficult labor is due to "tumefaction of the external parts," for which he advises "a sitz bath prepared with emollient herbs."

Avicenna states that the expulsion of the child is performed by the abdominal muscles, and this was the opinion of Galen. He directs baths before and during labor, and advises the "use of forceps in difficult labor, the child to be extracted by them." "This," says Francis Adams, the translator of the works of Hippocrates, "proves that the Arabians were acquainted with the use of the forceps."

Haly Abbas mentions imperforate hymen among the causes of difficult labor. Baudelocque reports such a case, so does Burns, and I too have had a case; of course the hymen was not imperforate, but was unruptured.

Haly Abbas directs, in rigidity, to "make the woman sit in a warm bath prepared with chamomile, etc., and to take internally an infusion of swallows' nests" —probably the edible birds' nests so valued by the Chinese.

So much for ancient midwifery. Nor did it improve much through nearly two thousand years. With the discovery of the art of printing began a new era in the arts and sciences. The ease with which one able man and close observer transmitted his knowledge to his fellow-men, and he in turn to his followers, thus exciting a noble emulation, soon brought our art rapidly forward, and we have works, written a hundred years ago, varying but little, and in minor details only, from our present and almost perfect state.

To this great teacher and best illuminator, the art of printing, discovered about 1450, almost coeval with the discovery of our country, and which has done for the minds of men what our land has done for their bodies, do we undoubtedly owe our rapid and brilliant advancement in the arts and sciences, more especially our own art, which has kept so well up in the race that it is now considered well-nigh perfect. It makes me proud to read such a book as that, say, of honest James Blundell, with his repeated warning against "meddlesome midwifery;" to read his direction for the management of everything that may happen to you as an obstetrician, and to know by your own experience that everything he says is true, his advice pure gold. He lectured eighty and more years ago.

Denham, too, so reliable and satisfactory; Cazeaux, one of the most complete manuals ever printed—you never look in him in vain; Velpeau, valuable for the

neat manner with which he gives us the benefit of the enormous experience of those wonderful women, Mesdames Boivin and La Chapelle. The lively Gorch, and the sound, reliable, painstaking Ramsbotham, and in this country the patient, indefatigable Dewees, the brilliant Meigs, and last, but not least, the invaluable Lusk—these books, glorious monuments to their authors, better than "storied urn," stand on the shelves of our libraries or lie conveniently at hand on our office tables, generally well thumbed; and we all know that they made us, and we owe them to the press—the printing press.

During the early years of my professional life I went to every case of childbirth with dread and fear of an impending calamity. I constantly read the dear good writers upon the subject, and faithfully followed their teachings. I was watchful, patient, and tried not to be meddlesome. Years of success gave me confidence, and I have come to be, perhaps, too far the other way—too easy and sanguine; but I never go to a case, even now, without something of the feeling of a man going to jail—a man going to be "confined" himself. The leaving of a pleasant home for an uncertain time, the dropping of every other pursuit, the going to reside in the abode of anxiety, uncertainty and misery, make the life of an accoucheur one of great self-denial and often of downright physical and mental endurance; and yet the happy ending of a bad case, "mother and child as well as could be expected" is a most delightful experience and pays for all.

I graduated in January, 1843, at Geneva, N. Y., and, with the exception of a three months' trip to Europe in 1845, have been constantly busy in the practice of my profession ever since. During that time I have attended, in round numbers, three thousand five hundred cases of childbirth. I never saw a woman die in actual labor, and was never called to a case that I left undelivered.

I divide my time into three periods—the first of thirteen years, while a resident of a thriving and beautiful town of some five thousand inhabitants in Central New York, where I attended seven hundred cases, none of which were of sufficient interest to be worthy of especial mention. No placenta previa, no arm presentation, no eclampsia—two face presentations being the most troublesome I met with in those days. I was shy in using forceps, having too much trouble in making them lock, not having then learned the trick of depressing the handles. I only recall three cases in which I used them. It was there I learned how Nature, if given time, would overcome what seemed insurmountable obstacles, moulding and shaping the soft, yielding head till it would travel through a strait at first deemed impassable. I had but one death there, from what I now know was uremic poisoning. It occurred thirty hours after labor.

In this city, from 1856 to 1871, I had quite a large obstetrical practice. All records were burned in our great fire, but I am sure I place the number low enough at fifteenth hundred cases. In 1857 I had my first arm presentation—a midwife's case, who had dallied with it all day—but kind Nature, as she most always does in preternatural presentations, had withheld hard pains, and the turning was easy and quite successful.

The bugbear of my existence had been for years placenta previa, and one stormy, dismal night in March, 1859, I found myself confronted with such a case in a remote place in the Rolling Mill district. There was much flow and a small, rigid os. I tamponed at once with extra care, and sent a messenger for Dr. Clark, of South Halsted street, a capable, reliable man of the old régime, lately deceased. Dr. Clark had attended the mother with her previous children, and when I explained that the present was one of the most dangerous incidents that could befall a poor woman during child-bearing, the family wanted him sent for,

and so did I. After a few hours the tampon began to leak badly and the pains were severe. The doctor had not yet arrived, but so much blood had been lost I dared not to wait longer, so removed the tampon and found an easily dilated os which readily admitted my hand, the placenta barely covering it. The turning was easy, my arm preventing the escape of the waters. The child was dead; and I will say now that, out of eight cases of placenta previa which I have attended, I have delivered but two living children. The next case of the kind followed this one in a few months, and is only interesting from the fact that, being a midwife's case, she had risked it until the head, pressing past the placenta, had checked the flow and the labor proceeded naturally. I have attended a lady twice with placenta previa; in both cases turning was easy, but in the last the patient lingered three weeks and died. I was not able to define satisfactorily the cause of her death, nor could the eminent counsel who saw her with me.

Of arm presentations I recall seven cases; all turned easily, but the death rate of the children was high: either three or four died.

For the next period, from 1871 to 1891—twenty years—I have my visiting lists, and from them I gather that during that time I attended thirteen hundred and odd cases, of which a disproportionate number were instrumental. I have for many years been called upon by German midwives in my neighborhood to deliver their bad cases, or extract adherent placentas, or turn out clots in internal hæmorrhages, and this should give me a broader margin of percentage for losses; and yet I shall not claim it, for there has actually been no loss. As I said before, I never saw a woman die in child-birth, and I have often asked my professional brethren if they had, and almost always the reply is in the negative. But I have had three deaths within twenty-four hours after labor—one at six hours, from exhaustion following a breech presentation. The patient, a very unhappy young widow, pretty and fat, tired of life, would not make an effort, and the labor, a dismal failure all the way through, was finished at last by a blunt hook, leaving her completely exhausted. She could not rally, and died at the end of six hours. The next fatal case was an arm presentation; the woman, a poor, dissipated, broken-down creature, who, with a midwife and attendants much like herself, had been in labor all night. I saw her at noon, and had no trouble in turning and delivering, and left her quite happy at being out of her misery. I found, in the morning, that she had died at daylight, dropping off so easily that it was believed she had fallen asleep. The third case I do not remember so well, but think it was simply a tedious labor. The patient died twenty-four hours after delivery. They were all three simply cases of exhaustion. These, and the uremic-poisoning case in New York, and four other cases—one of which was a most interesting case of pyemia, in which death occurred thirty-five days after delivery, and which was worthy of a long and full report—are the only ones of death from the dangers of gestation or delivery that I can at this time recall in my whole experience.

Twice I have felt compelled to use perforation. The first time was in a frontal presentation, when, for some cause, we could not make the forceps hold. The next was in a vertex presentation, with face in the hollow of the sacrum. It was a curious case—a heavy, stolid German woman of 40. She had been delivered of three still-born children, and I had had the good luck to deliver her of a large, fine living child—forceps delivery—two years before. In her fifth confinement the presentation was good, and, after waiting long and giving her a fair chance, I applied the forceps. If I had tackled the Rock of Gibraltar I could not more signally have failed. Then I thought of the best doctor for physical strength within reach, and he was sent for. He tugged away till he was tired out, when

the family remembered a remarkably skilful "little" German doctor, who, after a short trial, concluded he could not do it, and we put our heads together and settled on craniotomy. The family would not consent, and another eminent and stouter German doctor was sent for, and he bothered us for hours, trying and resting, and trying again. He finally gave in, and we settled down to the perforator. The baby had been dead for hours. After reducing the head to the smallest dimensions possible with the cranioclast, we could not move it. We removed the frontal and parietal bones, and by that time there was a slight gain, and after mutual efforts, that lasted altogether three hours from the time I sat down with the perforator, the brave little patient was delivered, nor was there any very serious trouble afterwards. She was in bed three weeks, but has never conceived again.

I cannot recall a single death or serious harm following a forceps delivery. Since learning to use them neatly, I apply them earlier that I used, but always give Nature a good chance. In my midwife cases I satisfy myself that they are necessary before using them. I often have patients who cry out for them when I enter the house. I use them slowly, imitating Nature. I do not consider an hour or two out of the way at all, and I have had them on and off for a day or two, once or twice, with a perfect recovery of the mother.

I have been peculiarly fortunate in regard to hæmorrhages after delivery, never but once knowing that my patient's life was in great danger. It was a most interesting and instructive case, but too long for this article. Only once in my entire experience have convulsions seized my patient during labor, or before or after. She recovered, the baby still-born during coma. I have seen a dozen or more cases in consultation; at one time I had seen seven consecutive cases that had recovered. I have much faith in venesection, but there are cases I would not bleed. I have not been a strenuous advocate for hurrying delivery; Nature almost always delivers. That it is a "*sine qua non*" is absurd.

I have had two cases of encephalic monsters; they did not disturb the course of events.

Spina bifida has been a rare event to me, two cases only that I recall.

I used anæsthetics in labor much more frequently formerly than now. I fail to see their value in most cases, and only use them when the os is, from any cause, very tender and sensitive, or when I am about to undertake a painful obstetrical operation. I have patients who insist upon their use, and in such cases yield gracefully and do the best I can. If not carried to complete anæsthesia, the use of them does not often interfere with the progress of a case, and serves to divert the patient from a too complete consciousness of her pain. But, owing to the varying susceptibility of women, it is not always possible to stop at exactly the right point, and quite lately I have lost a child, a fine, stout boy, from my patient passing to complete anæsthesia (in an instrumental case), the moment the child's head passed the external soft parts. Now, while it is allowable to make tremendous traction with the forceps upon an undelivered head —the shoulders easily following the head—after the head passes the vulva the situation is completely changed. The shoulders now have to overcome the resistance of the soft parts, and, unless our efforts at extraction are backed up by good strong, expulsion pains, it cannot be done by any amount of tension we may safely apply to the head, and the blunt hook is the instrument we have to depend upon. In this case my patient was noisy and troublesome till the head was delivered—having had but a few drops of chloroform—but the moment the head was delivered she became completely insensible. The child, a very large one, lay face

downward, and the sphincter caught him as neatly as any garroter could have done; he gasped for breath two or three times, and though I had a good blunt hook at hand and quickly applied it, at the same time trying to take off the compression of the soft parts, did not succeed in delivering until the child was hopelessly gone. If I had had another blunt hook, with the two I could have delivered sooner. I had delivered this woman three times previously, with forceps, of living children, but without chloroform.

I have used ergot quite frequently ever since I began to practise midwifery, at first in inertia only, viz., when pains were feeble; of late years for other purposes, principally for hæmorrhages. I have never seen harm result from its use, save in one case over forty years ago. In a tedious case with the os well dilated, the ergot acted most violently. I have never seen anything like it since; the child was still-born, and no doubt the use of the forceps would have been much better. Midwives having too much to do use ergot constantly to hurry their cases; and if you happen to get a patient formerly attended by a midwife, the chances are that your case will make but little headway until you use it, the patient having acquired what may be called the ergot habit. I have seen dozens of such cases, using ergot for insufficient pains; one should have the forceps at hand. But why use ergot in such a case at all? The forceps skilfully applied is safer for mother and child. I never knew the mother to die after a forceps delivery, and very few children; I am sorry I am not able to say exactly how many, but I am sure I have not lost a baby that way for years, except the one just mentioned as lost through the use of chloroform during the instrumental delivery.

I have attended a lady with all her children, ten in number. The first seven were under ten pounds' weight easy, natural labors: then the mother grew fatter, and the last three children weighed fourteen or fifteen each, with long, tedious instrumental labors. In the last one, the largest child and the most tedious labor, the child still-born, I was over an hour in delivering the shoulders.

I have delivered a few times from above the superior strait; cannot say how many times; can recall two instances, and know there were more.

It would not harmonize with Nature's perfect work that a woman, in carrying out the principal object of her existence, the continuance of her species, should lose her life in giving birth to her child. Our artificial, luxurious mode of living, our refinements and cultivation, and development of the sentiments and emotions, and fineness of figure and fibre, render our women more liable to danger and disaster in child-bearing than when living plainer. But, fortunately, modern science has given the physician almost perfect methods of relieving her from nearly all the ills that female flesh is heir to, and I have a conviction that there is nothing that can happen to women in which there is so little danger as child-bearing. And if women were taught this wholesome truth it would entirely change the color of their lives. Another conviction is that the pains of child-birth are enormously exaggerated in the vast proportion of cases. I have noted this fact in a great number of cases, and nearly all ladies, when asked about the amount of pain, at the time have said it was much less than they had expected, and a few, a very few, have said "it was nothing at all." But there is this curious contradiction, that, while willing to speak lightly of the pain at the time of labor, when asked about it afterward all have said, without exception, that it was simply awful. So that it seems their testimony cannot be relied upon, and we have to draw our own conclusions, and, as I said before, from what I have seen I do not believe that in the majority of cases there is such severe pain as is usually supposed; and if we can make young women believe this too, we shall brighten the complexion of their

lives and lessen the number of cases of abortion, of which I am about to speak. But before doing so I wish to bear testimony again to the value of the early and prompt application of the forceps in cases of threatened, tedious, wearying labor. They are but a pair of thin, elegantly made steel hands, which, backed by strong arms and skilfully applied, do better service in the cause of women than ever did those bright Toledo blades that cut such a figure in the annals of chivalry. For both mother and child we may say, as Sir Walter Raleigh said of the axe used to behead him, "It is a sharp medicine, but a quick cure for earthly ills."

ABORTION.

As nations grow more powerful and prosperous, and individuals devote themselves to the getting of wealth that they may lead lives of luxury and pleasure, a disposition to regulate the size of the family prevails, and the slaughter of the innocents begins; so we may say that abortion, like the free use of salt, marks a high degree of culture and civilization. It is not necessary to say anything of the causes of abortion, which are as various almost as the cases. But I have had opportunities of seeing some curious and interesting results following "criminal abortion" which will interest you, and I will mention them.

In several instances fine, healthy, handsome young women, quite recently married, found themselves in the family way earlier than suited their views, and caused criminal abortions to be procured. It was interesting, years afterward, when they desired to be treated for sterility, to learn from them the story of their folly. They had lost the ability to conceive. It was as if violated Nature required years to recover her propriety.

In two of the cases the mothers of the young women had not only sanctioned the crime, but had gone with them to the abortionist. Many years ago, I was the physician to a lady, mother of three healthy children, who became one of what I may call a colony of abortionists. A cultivated and accomplished young married lady with one child had moved into the neighborhood, and soon taught a number of the ladies, her more intimate friends, the art or trick of rupturing the membranes with a goose quill. My patient was one of the initiated. I will not attempt to say now how often I attended this lady with her abortions in the few following years; she had acquired the habit, and abortions would recur in spite of her. As soon as she discovered this it became the end and aim of her existence to have another living baby; it was years before she succeeded, then in less than a month the baby died with convulsions, and another and another succeeded, each succeeding one attaining greater age and the mother proportionately more fond. It was the most pitiful sight I ever saw, this anxious, pale, sad-faced mother watching those delicate children as they drooped and died. Finally one lived, a sturdy fellow, who as a child was the terror of the neighborhood, as a young man was a thief and could not be trusted in any way. In such manner may geniuses for good or evil be made.

The lady who so thoughtlessly corrupted her friends is long since dead, though descended from a long-lived race. She was ambitious and desirous of a social position; they had been poor, but worldly matters went well with them, and she might have been living now, a happy grandmother, but for this most unhappy turn in her affairs.

I am not able now to say how many cases of abortion I have attended. If I put them at twenty a year it would make the number a thousand; but when I say I have had four cases in the past month, and have always had a good number, it would not, at all events, be out of the way to say six hundred cases. I believe

there were more—well, say six hundred; and when I add that I never saw a woman die from hæmorrhage in abortion, a valuable and interesting fact is stated, and one which should bring a goodly degree of comfort to the unfortunate doctor who is compelled to attend these doubtful, confusing, tormenting cases. And speaking of hæmorrhage reminds me that a former patient, mother of one child, much to her annoyance failed to menstruate at the proper time, and a month or two later, to her great delight, found herself flooding so violently that I was sent for. I put her to bed, enjoined rest and perfect quiet, and gave her an opiate. She lost an immense quantity of blood, large clots coming away; she hoped everything had passed. The same thing happened a month later. I did not see her, but at the proper time, six months afterward, delivered her of a fine healthy child.

It is astonishing how long a time, occasionally, will elapse, after the death of the fœtus, before it is cast off. I have had a case where three months passed after its death before it was expelled, the patient troubled all the time with a pink show. It is not necessary or desirable that I should say much about the treatment of cases of abortion; we all treat them similarly. I have found the hæmorrhage easily controlled by the well-fitting tampon, and have never seen harm from its use. If the ovum is long retained and hæmorrhages occur, we should try to get it; for, once the ovum is turned out, the bleeding ceases. I have known the ovum retained twenty-eight days, and finally discharged with very little show, perfectly inodorous and unchanged; and Dr. Hasbrouck, of Nyack-on-the-Hudson, reports a case retained sixty-five days. If decomposition takes place, and there are very offensive discharges, and the os open, and the cavity of the womb easily reached, I should say by all means turn it out; but if the external os is tightly closed, I should hesitate to invade the sanctuary on which Nature has written, "No admittance." From a great number of cases that I have had of retained decomposing ova which came away or were absorbed without harm to the patient, I have come to have little fear as to the result.

In a little book entitled "The Physician Himself," written by Dr. Cathell, of Baltimore, and dedicated to Prof. Austin Flint, Sr., I find these golden words:

"When you are importuned to produce abortion, on the plea of saving the poor girl's character, or to prevent her sister's heart from being broken, or her father from discovering her misfortune and committing murder, or to prevent the child's father from being disgraced, or to avert the shame that would fall on the family, or the church scandal, etc., etc., or to limit the number of children for married people who already have as many as they want, or for ladies who assert that they are too sickly to have children, or that their sucking child is too young to be weaned, etc.—you should meet them with a refusal as cold as ice, and never even seem to entertain the proposition. If they are too importunate, express your sentiments strongly." "How could any one but a fool be induced to take the burden from another's shoulders to his own by doing a crimson crime; to violate both his conscience and the law; to risk exposure, social and professional ruin, and the penitentiary, by putting himself into any one's guilty power, whether as a favor or for a paltry fee?"

Dr. Daniel G. Brinton, so long known for his surgical work, and his former connection with the *Philadelphia Medical and Surgical Reporter*, has received the degree of LL.D. from the Jefferson Medical College, in recognition of his researches in anthropology and ethnology.

Society Reports.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

MAY MEETING.

The President, Dr. Henry M. Wilson, in the chair.

Dr. Brinton read a paper entitled A DAY'S WORK IN OBSTETRICS. Under this title he related the following cases: 1, A case of podalic version. 2, A case of normal labor. 3, A case of shoulder presentation; efforts at version unsuccessful; vagina ruptured; the woman dying undelivered. 4, A case of placenta previa lateralis; treated by internal podalic version; mother and child saved.

Dr. Miltenberger: There is some discussion in regard to the preference for high forceps and version. I prefer version, but the profession is divided and the choice comes to a matter of skill and individual practice.

Dr. Neale: One of the points claimed for version over high forceps is that in version the narrower diameters of the head come first. It has been claimed that the same condition is brought about in the use of forceps by the diminution of the diameters of the crown, so that they are less than those of the base of the skull. I can not see how this is, for certainly the forceps do not as a rule compress sufficiently to reduce the diameters of the crown to less than those of the base of the head. Repeated attempts at version has often given bad results when the uterus is contracted and retracted, when there is a neglected cross-birth and the child is dead. After a moderate attempt at version has failed, decapitation should be done. By means of Braun's hook, it is certainly a comparatively easy and safe procedure. I have no criticisms to make upon the treatment Dr. Brinton adopted in his cases.

Dr. Brinton: Since this case of rupture of the vagina has been reported, it has been stated by a pathologist of this city that it is the only one on record. I would like to ask if any of the gentlemen present know of any such case.

Dr. Miltenberger: There are certainly on record many cases of rupture of the vagina. I have seen at least two such cases.

Dr. Thomas A. Ashby: I once passed a sound through the uterus. The sound went in easily and could be felt just below the umbilicus. Before this the patient had had pus running slowly from the uterus, which had evidently had its origin higher up. There were no bad symptoms; the woman rode home, a distance of eight miles, and was not heard from. I once attempted to remove an epithelial growth from the vagina and all at once the intestines came down. I cleaned away the diseased tissue, closed up the opening with a continuous stitch and the wound healed promptly. The patient lived eleven months.

Dr. Geo. W. Miltenberger read a paper upon SUPERFŒTATION AND SUPERFŒCUNDATION.

Dr. P. C. Williams: I had a case recently of ovulation during lactation. A lady came to me who had continued to nurse her child and is now five months pregnant. These cases show that there may be ovulation without menstruation, and lead me to agree with Dr. Miltenberger.

Dr. Ashby: I have had cases similar to Dr. Williams. I have been surprised at the frequency with which menstruation returned after apparent removal of both ovaries and tubes. One of the first cases upon which I operated was one of hystero-epilepsy. I thought I had removed all the ovarian tissue, but found, subsequently, that I had not. She began to menstruate about eight months after

the operation and afterwards suffered from metrorrhagia. Three years later I examined her under chloroform and found a small tumor. I operated and removed a small portion of an emptied ovary. She recovered promptly and has not menstruated. Her health is good and there has been no return of the hystero-epilepsy. I have had other cases in which some parts of the ovaries had been left behind. These women continued to menstruate. In those cases where I have succeeded in removing the ovaries entirely, I have not observed the return of menstruation.

Dr. B. B. Browne: I attended a woman a few years ago who had seven children and had never menstruated. She was married before menstruation began and had had children very frequently. I think superfœtation does occur. It certainly occurs in uterus septus. The removal of the ovaries has little to do with the cessation of menstruation, but the tubes have much to do with it, and it is when a portion of the tube remains behind that menstruation continues. Menorrhagia will occur when the tube is closed at the outer extremity. When a part of the ovary is left, of course a part of the tube is left also.

Dr. W. E. Mosely: My experience has been such as to make me believe that menstruation does not depend upon the presence of the Fallopian tubes; nor is it independent of the ovaries. Eighteen months ago I opened a lady's abdomen for a very severe case of chronic pelvic peritonitis, with double pyosalpinx. Both tubes were tied close to the uterus and removed, but after a diligent search no trace of either ovary could be found. Dr. W. H. Welch, to whom the specimens were shown, expressed the opinion that the ovaries had probably been destroyed in the inflammatory process. The patient made a good recovery after very prolonged drainage, made necessary by the sloughy condition of the pelvic contents and the fecal fistula, which persisted for several weeks. This patient for months has been menstruating regularly and freely every three weeks. In all possibility some portion of ovarian tissue escaped destruction.

In another case in which I took especial pains to remove every particle of each ovary and both tubes on account of severe hæmorrhage, the patient has not had a show during the past twelve months.

Dr. Ashby: Mr. Tait has maintained the position of Dr. Browne for several years. In one case, the patient had been suffering from hæmorrhage of tubal origin; I removed both tubes and one ovary. The other ovary, having undergone cystic degeneration, it was impossible to remove all the ovarian tissue. This patient has been cured of her metrorrhagia, but has normal menstruation.

Dr. Opie: It seems quite well established by post-mortem results, that all cases of menstruation following oophorectomy are not due to failure on the part of the surgeon to completely remove the ovaries.

The utero-ovarian ligament, however, is sometimes very short, and the button-like section beyond the ligature which in such cases contains ovarian stroma, may keep up a dominating influence; again, the anatomical shape of the ovary gradually sloping off into the ligament, causes a part of the ovarian tissue to be left on the uterine side of the ligature in spite of the utmost care on the part of the operator.

The rule after child-birth seems to be that menstruation is in abeyance for a variable number of months, but cases have doubtless occurred in the experience of most obstetricians, when it has been uninterruped during lactation. I have met with a number of cases when women have conceived during lactation, when there was no accompanying monthly flow. Mr. Tait thinks that during, and even after, the menopause ovulation goes on, though the mucous membrane is disqualified for securing a fecundated ovule. Ovulation may be going on during lactation

but the mucous lining of the uterus may not be well qualified for menstruation or fecundation.

Dr. Bush, of New York, who has a dairy-farm, has been performing some interesting experiments, to find out the mode of securing the best qualtity of milk. He has determined that the heifer, after the removal of the ovaries, can be made a perpetual milker and that the milk is of better quality than in cows subject to ovulation and impregnation.

Dr. Brinton: With reference to menstruation after the removal of the ovaries, we have the statement that one or two per cent. of women have supernumerary ovaries and possibly the return of the menstruation is due to the presence of the third ovary.

Dr. Miltenberger: Dr. Brown laid much stress upon the fact that menstruation continued when obstructed tubes were present. Menstruation has nothing to do with the passage of the ovule along the tubes, but is due to the maturition of the ovule. Therefore the tube may be obstructed as much as you please and there will be no results. Battey and Engleman have reported a number of cases of pregnancy after the ovaries were apparently removed by skillful operators. In other cases, the ovaries, supposed to be removed, have been found post-mortem.

Dr. Browne: In most cases where the ovary and tubes are removed, the lumen of the tube is obstructed by the ligation.

Dr. Ashby exhibited a specimen of a RUPTURED TUBAL PREGNANCY, which he had removed from a patient seen in consultation with Dr. Arthur Williams, of Elk Ridge, Md. The patient was 34 years of age and gave birth to one child ten years ago. She conceived in February of this year, and about the eighth week of gestation was seized with violent symptoms of intra-pelvic hæmatocele. Dr. Williams was called in and after examination, diagnosed the condition as a ruptured tubal pregnancy. I saw the patient with him the following day and upon examination confirmed the diagnosis. The patient rallied from the shock of the first rupture and one week later a second rupture took place, though not followed with such violent and dangerous symptoms, as in the first instance. The surroundings of the patient were so unfavorable that she was removed from her home in Anne Arundel County to the Maryland General Hospital, where the laparotomy was performed. Upon opening the abdomen, her pelvis was filled with bloody serum, blood clots, and evidences of general peritonitis. The omentum was in such a condition that it was found necessary to remove about three-fourths of the tissue. The patient was critically ill from the 3rd to the 5th day from symptoms of intestinal obstruction. Her bowels were moved by administering 1-grain doses of calomel every hour for 12 hours, every other method having failed. The patient has made a successful recovery. This is the third case of tubal pregnancy I have removed by laparotomy within the past two years, all of them having recovered.

712 N. Howard Street. WILLIAM S. GARDNER, M. D., Sec'y.

There is said to be a gang in Paris, the members of which thrive at the expense of the insurance companies. Their plans are simple. A man lets himself be run over. The driver is his accomplice. The authorities are appealed to. An insurance inspector reports on the case, making the slight injury sustained appear a very serious one. The profits are divided up. As occurrences like this became frequent, suspicion began to be aroused. The result was an inquiry, ending in the imprisonment of sixty-five people who were members of the gang.—*Bost. Med. and Surg. Jour.*

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

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BALTIMORE, AUGUST 8, 1891.

Editorial.

CATAPHORIC MEDICATION.

The method of promoting the absorption of medicated solutions applied to the skin by the use of the galvanic current seems worthy of study and experimental investigation. It has been known for some time that the absorption of solutions of cocaine by the skin can be successfully accomplished by the use of electricity and complete local anæsthesia can thus be produced. The method consists in saturating a piece of absorbent cotton with a solution of cocaine, then placing the cotton in a cup-shaped electrode, attached to the positive pole of the battery; the current is then turned on. The negative pole with a sponge electrode is applied to some convenient neighboring part. A current of four or five milliamperes is required to drive the cocaine through the skin.

This method having been successfully employed by Dr. Hunter McGuire (*Va. Med. Monthly*, August 1, 1891), it occurred to him that its application could be widened to other drugs. He accordingly made use of the tincture of iodine in the treatment of goitre with the most happy results. The first experiment with the iodine was made on a case of enlargement of the thyroid gland. The goitre was bilateral, old, very large, hard, and very seriously interfered with respiration. Other methods of treatment by medication had failed; the patient applied to Dr. McGuire for surgical treatment. The rapid growth of the tumor occasioned much alarm. Instead of attempting to remove the gland, Dr. McGuire determined to use iodine in the cup-shaped electrode. He placed in the cup of the electrode some absorbent cotton, first dipped in water and squeezed as dry as possible. On this he poured ten or fifteen drops of the tincture of iodine. The electrode was placed on the most prominent part of the goitre, the negative pole on the back of the neck. The galvanic current was turned on until the milliampere-meter showed the strength to be six or eight. This current was kept up for ten minutes.

The applications were made daily for three weeks, then left off for one month, and again resumed for three months. The goitre at the end of this time had been reduced to about one-fifth its original size, where it remained stationary. The relief to the patient was complete. In other cases of the same character the same favorable results were obtained. In several cases of chronic inflammatory enlargements of other parts, Dr. McGuire has employed this method with very good results. A case of chronic orchitis is cited. He has employed the same method in the treatment of uterine fibroids with positive good.

Dr. McGuire has made experiments with other medicines employed in this way, but has not gone far enough to report his conclusions. He asks a very pertinent question, "If fluid medicated agents can be sent in this way into a growth, would it not be well to try this method of treatment in cancer in its early stages?"

So far as we are aware, the cataphoric method of medication has not been employed to any great extent by any large number of observers, but it would appear from the results cited by Dr. McGuire, and from its frequent use in local anæsthesia, that its range of application might be widened so as to take in a large number of drugs.

ARTHRITIC HÆMOPTYSIS.

This name was suggested by Sir Andrew Clark in the *British Medical Journal*, October 26, 1889, to designate a peculiar kind of hæmorrhage from the lung observed by him in patients past fifty years of age, who exhibited also signs of the arthritic diathesis. (It is a little uncertain whether "arthritic" as used here means "rheumatic" or "gouty"; probably the latter sense is intended.) In fourteen years he had met with twenty cases of this sort, and in several instances he had had the privilege of post-mortem examination of the bodies of such patients.

A patient past fifty years of age would consult him for moderate hæmoptysis, which recurred at short intervals and could not be controlled satisfactorily by ordinary remedies. Interrogation would elicit a history of attacks of joint-pain in past years, with dyspepsia, mild bronchitis or bronchial asthma and perhaps outbreaks of eczema or urticaria. Nodules would be felt on the finger points. Upon physical examination it would be observed that the heart was slightly enlarged but otherwise normal, and that the arterial system presented no signs of disease. The urine would be found free from albumen and casts. The nervous system would present no indications of serious disturbance, and the digestive organs might or might not be impaired. Upon examinations of the *lungs*, there would be signs of bronchial catarrh, and *patches of emphysema* would be discovered here and there.

The post-mortems revealed no important disorder of other organs, but a most interesting condition of those parts of the lungs where the emphysema had been detected. Wherever there was a patch of emphysema, there was a diseased artery; wherever there was a much diseased artery, the capillaries and venous radicles

were affected; and generally, though not always, where the terminal artery was obstructed and degenerating, there was adjacent hæmorrhage.

Dr. Clark was of the opinion that the disease of the lung arteries (which consisted in nuclear proliferation in the middle coat and an amorphous and hyaline infiltration of it and of the intima, similar to the changes which are seen in the arteries of arthritic joints), had been the initial visible movement, which, hindering the free supply of blood to the bits of lung, had been followed by degeneration of the capillaries and venous radicles, determining a true atrophic emphysema; and that, after the integrity of the vessels had been thus impaired, the formation of thrombi and recurrent conditions of pressure had resulted in repeated hæmorrhages and death.

He held that the ordinary *treatment* for hæmorrhage by ice-bags, and by frequent doses of astringents which excited thirst and led to the drinking of great quantities of liquids to quench the thirst, increased the bleeding and caused it to persist. The true method of relief, in his experience, was by rest; stilling of cough, restriction of liquid ingesta; administration of calomel at night and salines in the morning, with alkaline mixtures between meals and perhaps a course of iodide of potassium; and frequently renewed counter-irritation.

In the *Canadian Practitioner*, September 16, 1890, Dr. M'Phedran, of Toronto, reports a case which in his opinion, belong, not to phthisis or any other ordinary disease of the lung, but to the class described by Dr. Clark. The patient, a man of sixty years, had been ordinarily healthy, but had drunk heavily. Recently, he had, in attempting to free himself from the alcohol habit, become successively a chloral eater and an opium habitué. Occasionally he had suffered from slight rheumatic attacks in the shoulders and other joints. There was, at his first visit, some bronchial catarrh with troublesome cough and a full hard pulse. There was emphysema of the lung on each side of the sternum. In November, 1889, he had a free hæmorrhage, of perhaps a pint of blood, from the lungs. Bleeding recurred for three days in spite of treatment. Careful examination of the chest revealed no disorder except the increased resonance at the site of the emphysema. Since November, 1889, his health had been excellent.

Dr. M'Phedran believes, from his own observation, that in many cases of hæmorrhage from the lung due to disease of the vessels and preceded by a feeling of "general fullness," the indications are for draining off of fluid from the blood system by the use of sulphate of magnesia, and the relaxation of arterial tension, if the pulse is hard and full, by the use of nitro-glycerine, which also promotes excretion by the kidneys. In this way rupture of the vessel-walls and consequent hæmorrhage may sometimes be warded off.

It has been decided to raise a fund to establish and endow the *Leidy Memorial Museum* as an independent part of the great museum now forming at the University of Pennsylvania. The amount desired for this purpose is $50,000. It is felt to be eminently proper that the interest derived from this fund shall be devoted exclusively to Dr. Leidy's family during the lifetime of his widow.

THE ABORTIVE TREATMENT OF BUBOES.

Welander (*Archiv für Dermatologie und Syphilis*, 1891) endeavored to eliminate a specific bacteria from chancroidal pus, but failed. The staphylococci and other cocci found were readily killed with mercurial lotions. Believing that buboes were caused by the transference of the staphylococci and streptococci, by means of the lymph channels to the glands from the chancroid, he endeavored to find a mercurial preparation which, when injected in concentrated form, would not cause intense pain or marked irritation. Benzoate of mercury was used, in 1 per ct. solution, with ½ per ct. of sodium chloride added. One or two injections of a ½-gramme of this liquid were made into the gland. The skin was previously cleansed, also the syringe. A compress of sublimate solution was bound over the gland. Redness of the overlying skin was treated by pencilling with ichthyol solution 1: 2–3. The details of thirty-two cases are given. In twenty-seven of these fluctuation was either absent or doubtful. In eighteen hospital cases healing occurred without discharge of pus; in two some pus oozed out through the injection puncture. These cases were kept at rest. In nine private cases healing occurred without discharge, and three discharged pus. In eight cases, in which fluctuation was marked, all sooner or later discharged through the injection opening, none absorbed. Most of them pursued a relatively favorable course, and in only two cases was incision necessary. There are sixteen cases still under treatment. In summing up, seventy-three per cent. of the cases gave favorable results. It is to be hoped that a mercurial preparation will be found that causes less pain and infiltration than the benzoate of mercury; but as yet we know of none. Whether the theoretical grounds on which this treatment was founded are accepted or not, it cannot be denied that by this means buboes have been healed without the occurrence of those unsightly and lifelong-lasting scars, as has heretofore been the case. —*Univ. Med. Mag.*

CHLOROFORM IN THE CASE OF THE LATE MR. W. H. GLADSTONE.

The daily papers, commenting upon the death of Mr. W. H. Gladstone, contain the statement that "the patient never regained consciousness, and died, his heart being too weak to stand the effects of the chloroform." Upon inquiry into the matter we find this statement to be absolutely misleading. The facts of the case were given by us in our last week's issue, so we need only add, as regards the chloroform, that it was administered with perfect success on the Thursday, and that Mr. Gladstone came out of its effects quite satisfactorily during that day, that he was conscious both on the Thursday and Friday, July 2nd and July 3rd, and that his death on July 4th was from causes quite remote from any connected even indirectly with the anæsthetic employed. Chloroform in combination with morphine was used to lessen vascular congestion, a desideratum in surgical procedure upon the brain. The mischievous effects of rumours such as the one we have now contradicted are considerable. Persons become unduly alarmed, and are thus placed in the most disadvantageous condition for taking an anæsthetic. The perils of anæsthetics are real enough; but it must be remembered that fatalities are very few when compared with the enormous number of times that nitrous oxide, ether, and chloroform are daily administered. It is matter of regret that persons unfamiliar with anæsthetics and their action should jump to the conclusion, as is often done, that every death occurring at the time of or immediately after a surgical operation is necessarily the immediate result of the anæsthetic.—*Lancet.*

THE TREATMENT OF ACUTE ANGINA.

In the *Journal de Médicine* for April 10th, Dr. Capart publishes the following methods of treatment which he employs in different forms of angina. In acute suppurative tonsillitis he causes the patient to suck small pieces of ice and orders twenty grains each of powdered salol and milk-sugar to be divided into six powders, three to be taken each day; or an equivalent amount of salol may be made into an emulsion with gum-arabic and given according to the same directions. In addition, he prescribes a gargle composed of fifteen grains of salicylic acid, seven and a half grains of acetate of sodium in nine ounces of distilled water, flavored with a little syrup. As a prophylactic measure against the return of abscess in the tonsils, he advises the patients for at least a month to use a gargle of a weak solution of alum containing a few drops of carbolic acid, or the following gargle may be employed:

℞—Crystalized carbolic acid . . . ʒ i.
Absolute alcohol . . . . ʒ v.
Essence of mint . . . . m xvj.

Of this solution, ten drops are added to half a tumblerful of water, and used as a gargle morning and evening.

In simple catarrhal angina he prescribes the following potion:

℞—Borax . . . . . ʒ i
Salicylate of sodium . . . . ʒ ss.
Decoction of marsh-mallow . . ℥ vi.

Flavor with syrup.

If a cure does not take place within twenty-four or thirty-six hours, he then has recourse to a slightly astringent gargle, such as the following:

℞—Calcined Alum . . . . . gr. xl.
Alcohol, Pure glycerin . . . . . āā ʒ iiss.
Water . . . . . ℥ x.

To be used as a gargle four times daily.

He cautions in the strongest terms against the use of concentrated solutions of tannin or alum.—*Boston Med. and Surg. Jour.*

ANGINA PECTORIS.

R. Douglass Powell (*Practitioner*, April, 1891, No. 274) argues that angina pectoris is a disturbed innervation of the heart or vessels, associated with more or less intense cardiac distress and pain, and a general prostration of the forces, always producing anxiety and often amounting to a sense of impending death. Considerable stress is laid on habitual high arterial tension as a factor in causation. Angina is not necessarily associated with coronary or other disease of the heart or vessels, although it is true that in fatal cases disease or obstruction of the coronary arteries is the most frequent lesion found, after which in order of frequency come fatty degeneration, aortic dilatation, aortic regurgitation, and aneurism. The author classifies the varieties of the affection as follows:

1. In its purer forms we observe disturbed innervation of the systemic or pulmonary vessels, causing their spasmodic contraction and consequently a sudden extra demand on the propelling power of the heart, violent palpitations, or more or less cramp or paralysis ensuing according to the reserve power and integrity of that organ—angina pectoris vasomotoria.

2. In other cases we have essentially the same mechanism, but with extra demand made upon a *diseased* heart—angina pectoris gravior.

3. The trouble may commence at the heart through irritation or excitation of the cardiac nerves, or from sudden accession of anæmia of cardiac muscle from coronary disease—primary cardiac angina,

4. In certain conditions of blood (often gout), or under certain reflex excitations of the inhibitory nerves, always, however, with a degenerate feeble heart in the background. We may observe intermittence in its action prolonged to syncope—syncopal angina.

Treatment.—In group 1, nitrite of amyl, and still more nitro-glycerin, are of great value, and may require to be combined with nervine tonics or sedatives, iron, zinc, valerian, bromides, etc. In groups 2 and 3, carminative stimulants, or digitalis with nitro-glycerin, are recommended; and of all tonics arsenic, as a rule is the best.—*Amer. Jour. Med. Sciences.*

NOTE ON THE VALUE OF PEROXIDE OF HYDROGEN IN GYNÆCOLOGY.

Dr. Alexander Duke, F. R. C. S. I. Dub., writes to the *Lancet*, July, 18: "The value of peroxide of hydrogen as a detergent and purifier has long been known, and when applied as a dressing to foul ulcers (syphilitic or otherwise), has given good results. Some time since, while treating a case of sepsis in which pus was freely discharging from abraded surface on vaginal wall, I thought I would try the effect of the peroxide. I had previously had the part twice daily syringed with weak solutions of carbolic acid, iodine, sanitas, and Condy's fluid without much effect. I found the solution of peroxide act as a charm in checking the secretion gradually, cleansing and healing the abraded surface, and producing no irritation; and I venture to suggest it as a suitable application, more especially to the female genital tract. One teaspoonful added to half a pint of warm water gradually increased in strength will, I feel sure, be found a valuable addition to the many antiseptics used in such cases. I may also suggest that in all cases where there are symptoms denoting septic absorption during the lying-in period a close examination of the vaginal walls and cervix uteri for tear or abrasion should be made, and, when discovered, the part thoroughly cleansed and cauterised with strong carbolic acid. I believe I can attribute the recovery of more than one patient, whom I had been called to see in consultation, to the adoption of this plan. But I much prefer the prevention of such accident by flushing the uterus with hot water directly after labour, examining at the same time for any tear or injury, and cauterising or suturing the surface then and there. I hope the suggestions thrown out may be found of value in practice by both the obstetrician and gynæcologists, and contribute in some measure to the alleviation of suffering."

VOMITING OF PREGNANCY.

℞—Tincture iodi . . . . .
Chloroformi . . . . . aa. p. æq.

M. Sig: Take five drops in a little water, at meal time, morning and evening. —*Journal de Méd. de Paris.*

Medical Items.

Dr. de Schweinitz has been appointed a professor of ophthalmology in the Philadelphia Polyclinic.

Three scholarships of $5,000 each have been established through the gift of William S. Bullard, at Harvard Medical School.

Dr. Condict W. Cutler, of New York, has been appointed professor of skin and venereal diseases in the University of Vermont, to succeed Dr. R. W. Taylor, who has resigned.

Since 1866, five deaths from leprosy have been reported in New York; one in 1873, one in 1875, one in 1879, one in 1881, and one in 1884.

A remarkable case of early precocity has been made public in Philadelphia, where a girl of sixteen gave birth to a child whose father at the time of conception was only thirteen years old.

The trustees of the Fiske Fund have awarded a prize of $300 to Dr. Robert W. Lovett, of Boston, for an essay on "The Etiology, Pathology and Treatment of the Diseases of the Hip-joint."

By a recent ordinance of the Bavarian Government, patients in necessitous circumstances are granted a reduction of railroad fare in going to or from hospitals or other public medical institutions. They are henceforth to be charged at the same rate as the special third-class fares allowed to soldiers.—*Boston Med. and Surg. Jour.*

An inquest was held last week on the body of a furnace-man at one of the large ironworks in Middlesbrough, who was accidentally killed in the following manner: While ascending a lift—the top being nearly reached—he was in the act of uncorking a bottle of ginger beer, the contents of which spurted in his face, causing him to throw his head back, which was caught between the lift and the framework, killing him instantly.—*Lancet*, July 18.

By the will of the late Hector C. Havemeyer, who died in 1880, $200,000 was bequeathed to various charitable institutions in New York; the selection of these being left to his mother. She has now announced those which she has chosen, and among them are the Manhattan Eye and Ear Hospital, which is to receive $35,000; the New York Eye and Ear Infirmary, which gets $10,000, the Presbyterian Hospital, $5,000, and the New York Post Graduate Medical School and Hospital, which also gets $5,000.

The following changes have been made in the faculty of the Medico-Chirurgical College of Philadelphia: Dr. G. E. Stubbs, Emeritus Professor of Clinical Surgery; Dr. W. S. Stewart, Emeritus Professor of Obstetrics and Clinical Diseases of Women; Dr. H. E. Goodman, Honorary Professor of Surgery, Clinical Surgery and Orthopedics; Dr. J. M. Anders, Professor of Principles and Practice of Medicine, Clinical Medicine and Hygiene; Dr. E. E. Montgomery, Professor of Obstetrics and Gynecology; Dr. Ernest Laplace, Professor of Surgery, Pathology and Clinical Surgery; Dr. W. F. Waugh, Professor of Clinical Medicine.

The Medical Examining Board of Virginia will hold its semi-annual session for the examination of applicants for license to practice medicine, surgery, etc., in Virginia, during the session of the Medical Society of Virginia in Lynchburg, Va., during October, 1891. Fuller notice will appear in our September number. In the meantime, for further information apply to the Secretary of the Board, Dr. Paulus A. Irving, of Farmville, Va., or the President, Dr. Hugh M. Taylor, of Richmond, Va.—*Va. Med. Monthly.*

A few years ago a student of the Woman's Medical College of New York was rejected on the final examinations. She went to law about the matter, and in some way was able to prove that in fact her papers reached the average percentage necessary for a degree; and she got her diploma. Recently a student of Bellevue Hospital Medical College, after taking his courses there, came up for a degree and was refused an examination. He secured a writ of mandamus compelling the College to examine him and grant him his degree if the examination proved satisfactory. The Court of Appeals has affirmed the decision of the Supreme Court

in the matter, and the young man must now be examined. We shall be interested in learning if he passes.—*Med. Rec.*

The session of the Medical Society of Virginia in Lynchburg, Va., during October, promises to be a great success. Several distinguished visitors promise attendance and participation in the proceedings, etc. Secretaries of State Societies, etc., sending fraternal delegates, etc., will confer a favor by immediately forwarding a post-office list to either the Corresponding Secretary, Dr. J. F. Winn, or Recording Secretary, Dr. Landon B. Edwards, Richmond, Va.—*Va. Med. Mo.*

An Army Medical Board will be in session in New York City, N. Y., during October, 1891, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies. Persons desiring to present themselves for examination by the Board will make application to the Secretary of War, before September 15, 1891, for the necessary invitation, stating the date and place of birth, the place and State of permanent residence, the fact of American citizenship, the name of the medical college from whence they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates based on personal knowledge, from at least two physicians of repute, as to professional standing, character, and moral habits. The candidate must be between 21 and 28 years of age, and a graduate from a regular medical college, as evidence of which, his diploma must be submitted to the Board. Further information regarding the examinations may be obtained by addressing the Surgeon General U. S. Army, Washington, D. C.

The London Medical Staff Corps was inspected at the Chelsea Barracks on Saturday by Deputy Surgeon-General Lewer. Surgeon-Major Morton had on parade 402 of all ranks, forming five companies (the establishment of the corps), and these were not equalised, each company standing on its own strength. The corps was remarkably steady during the line inspection, which Deputy Surgeon-General Lewer made of a detailed character. The march past was well executed, and the inspection concluded with an exhibition of hospital work and picking up and tending wounded men on the field of battle. The inspecting officer expressed his satisfaction with the efficient manner in which all had been performed.—*Lancet.*

In the struggle to check inebriety, which has of late so occupied the most cultured intellects on the Continent of Europe, very little has been done in the advocacy of abstinence. The prevailing idea, even among Continental members of the medical profession, has been that the increase of insanity and of other evils from drinking has arisen from the heavier alcohols, and that pure unsophisticated spirits, wines, and beers are really temperance beverages. A new departure has, however, been taken by a few of our Continental *confrères.* Professor Forel of Zurich, Professor Bunge of Basle, and Dr. Wilhelm Bode of Dresden, have established strictly abstinence societies in those cities, and these associations are now vigorously at work.—*Brit. Med. Jour.*

Dr. R. Ross writes to the *British Medical Journal:* "For some years I have been able in many cases to forecast the sex of the child before birth from the position in which the mother tells me she feels most distinctly the fœtal movements. Most women can, but some cannot, differentiate the locality. In those who can I find the following rule applies with wonderful accuracy: If the mother describes the fœtal movements as felt chiefly and most distinctly on the left side, I confidently predict a male birth; if on the right, I as surely determine the sex to be female."

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 16. BALTIMORE, AUGUST 15, 1891. NO. 542

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Original Articles.

OBSERVATIONS ON THE TREATMENT OF SEPTIC ENDOMETRITIS.

BY THOMAS A. ASHBY, M. D.,

Professor of Diseases of Women in the Baltimore Medical College, etc.

The etiology and pathology of puerperal fever are now well understood, not only by the specialist, but by the great body of general practitioners. Whatever doubts may have existed concerning the origin of the inflammatory and septic processes following abortion and labor at full term, they have been expelled and we can trace the processes in question to a definite factor. This factor is a living germ, which gains entrance to the vagina and there sets in operation a septic process of greater or less virulency, according to the condition of the genital canal or the receptivity of the individual tissues in which it gains a lodgment. Modern antiseptic obstetrics has demonstrated that this specific factor can be prevented or arrested. The obstetrician has only to employ the agents at his command to secure a total immunity from puerperal infection prior and subsequent to parturition. The septic processes are as preventable as it is possible to render any contagious influence. While all this is true and susceptible of clinical demonstration, the lesions which may occur during child birth may take on inflammatory action and involve a high degree of inflammatory destruction and cicatrization.

In such cases the aseptic precautions have been employed with scrupulous care, and we must eliminate the septic factor in the process which ensues. The classification of auto- and hetero-infection has disappeared, so that the latter influence is only recognized as having a specific characteristic. When auto-infection occurs,

if such a condition does occur, the factor must have an external origin. The germ does not originate *de novo;* it is introduced either at the time of, subsequent to, or in advance of parturition. If this fact is recognized, as it no doubt has been proven, the etiology of puerperal septicæmia and of the septic inflammations following parturition is clearly made out, for there is no positive evidence to prove that the germ of true septicæmia gains admission to the economy save through the genital tract. The puerperal diseases should, therefore, be regarded as of external origin and absolutely preventable. Whilst this is no doubt true, the introduction of septic material into the genital canal of the parturient woman is very easily accomplished and must occur in a number of instances where prophylactic measures have been employed with seeming great care, for it is only upon such an hypothesis that the origin of septic processes can be explained in a number of cases. That there are conditions which favor the growth of a septic process no one can dispute. The soil has been prepared, as it were, in advance for the reception and multiplication of the germ. These conditions are easily recognized and they can be found in the vast majority of cases. The chief conditions are lesions within the genital canal and these lesions are usually found in the cervix itself. Lacerations and abrasions at the cervical opening invite trouble by reason of the fact that mechanical influences may widely separate the torn surfaces and defeat reparative processes by primary intention. Necrosis of tissue, sloughing, faulty granulation and retarded cicatrization are thus favored, whilst the cervical stump may be kept bathed in the vaginal secretions and accumulations. Whilst the septic process may start in the uterine cavity, in the placental debris or foul clots which remain in the cavity, I have not found, in my experience, that such is the case to any great extent, and I can only recall one case of septic endometritis in which retained placental tissue was found present as a causative factor. On the contrary, I have had the opportunity of seeing, in consultation with medical friends, quite a number of cases of acute septic endometritis in which the origin of the process could be directly traced to multiple lacerations of the cervix, where the whipped-out edges of tissue were in all degrees of degenerative change from inflammation to necrosis. The spread from the cervix to the cavity, in some cases, to the tubes in others, and in several to the pelvic peritoneum, was clearly made out and to my mind proven.

I have witnessed these septic processes in various stages, from mere inception to full blast when life was nearly destroyed by the intensity of the tubal and intrapelvic inflammation. I have removed the debris in other cases by opening the abdomen when the charred remnants of the process were all that remained of the tubes and ovaries. We find the evidences of the puerperal process on the operating table and a true explanation of the inflammatory fire which has passed from cervix to cavity, from cavity to tubes and from the tubes to the adjacent tissues.

Now, what is the practical outcome of such an experience? Clearly, *first* employ preventive measures in advance of parturition, during and subsequent to the act; *second*, take nothing for granted during the lying-in period, but be prepared to explore the vagina and uterine cavity the very first moment the patient's symptoms show the least indication of chill, followed by pyrexia. I do not mean to say that the moment the lying-in woman has chilly sensations and slight rise of temperature that she must be turned up and examined with a speculum, but I mean this: when her symptoms indicate an abnormal lying-in and her condition is not satisfactory, that the attendant should not rest satisfied with antiseptic vaginal douches. Hot water and antiseptics will not always reach the location of the septic process. This is especially true if the cervix has been badly torn or the

cavity has become involved. We must go a step further and with a speculum thoroughly examine the cervix and explore the uterus. I have had the most satisfactory experience in this direction and have seen a septic fever stop within a few hours after a thorough cleansing of the uterine cavity. I have arrested a process that would surely have extended to the tubes or destroyed life, without interference. Hence, I do not hesitate to urge upon those who have not used the method I suggest, an adoption of the same. The only fact to be aimed at is a careful cleansing of the uterus and vagina and the use of agents which will effectually destroy sepsis and subdue inflammation.

Thorough cleanliness will nearly accomplish the same purpose, but cleanliness is more easily maintained by the use of germicides and antiseptic agents than from the use of simple water. The advantage of the speculum is too apparent to be questioned. The personal inconvenience to the patient or to the physician is not to be considered.

The method I have employed in these cases of puerperal sepsis is this: the patient is brought across her bed with her hips resting on the edge, knees and hips flexed and feet placed on a chair on either side or on the bed railing. A bivalve or trivalve speculum, thoroughly aseptic, is introduced into the vagina and the blades separated. The cervix is grasped with a tenaculum or vulcellum forceps and well drawn down into the speculum. The vagina is then thoroughly cleansed with hot water, containing bichloride of mercury 1-5000. After this cleansing process, the parts are examined and the cavity is explored. Where a septic process is in force, the cervix will be found patulous, the cavity large, the uterus relaxed. Thick, roapy mucus fills the cavity and can only be removed by the use of the applicator covered heavily with absorbent cotton. Water will not remove this mucus; it will not cleanse the cavity as it should be cleansed, hence the danger of trusting to this single agent. The simple intra-uterine douche in cases of septic endometritis is a delusion and a snare.

With the applicator carefully covered with absorbent cotton and saturated with the bichloride solution, the entire uterine cavity is wiped over and washed out. To facilitate thorough washing, the vagina should be filled with the bichloride solution until the cervix is covered, then by moving the applicator up and down the cotton acts by capillary attraction and carries in a fresh solution each time. This is kept up, the cotton and water changed until the cotton and water are removed from the vagina free of mucus and debris and only slightly tinged with blood. The patient being on her back and the posterior blade of the speculum being low down, the solution is retained in the vagina without difficulty. The uterine cavity and vagina can be effectually cleansed in this way without discomfort to the patient, and without danger. The solutions I have employed have given no trouble. I prefer the bichloride to any other, though in several cases after first washing out the uterus with this solution I have applied a ten-grain solution of nitrate of silver to the cavity. The usual rule is, after cleansing the uterus, to blow iodoform over the cervix and vagina and then place the patient back in bed. I employ this method of uterine ablution in septic endometritis just as often as the symptoms and conditions of the patient seem to require it. In several cases I have found one single application sufficient to arrest the process and to restore the temperature to normal in 12 hours. In other more severe cases, I have had to continue the douche daily for six or seven days before the septic process was arrested.

A septic process arrests involution very promptly. The organ becomes relaxed

and flabby and incapable of retracting upon its own cavity. One advantage of the intra-uterine applicator is that it not only cleanses the cavity, but it favors retractility. It stimulates the uterus to close and expel the mucus and debris, which would otherwise remain in it and decompose.

I cannot claim that this method of treating septic endometritis is original, for others may have employed it in a similar manner. I am not aware of having seen it suggested by any one, hence I feel warranted in presenting its claims to professional consideration. To my mind, nothing is so important as the prevention of intra-pelvic inflammations. In the larger proportion of my abdominal work, I have been called upon to remove the debris of an old intra-pelvic inflammation established during the puerperium by a septic process. I have seen the fire in its origin and have had the good fortune to be able to extinguish it before its influence had extended beyond the uterus. If this could be accomplished in all cases, it would do away with a large percentage of abdominal operations. It is in this stage that good work might be done by a thorough appreciation of prophylactic measures.

Two methods are available—*first*, employ asepsis before, during and after parturition; *second*, when sepsis begins, do not tarry with simple douches and antiseptics, but attack the process boldly in the recesses of the vagina and uterine cavity and arrest the process before the intra-pelvic tissues are involved. This can be done by prompt and intelligent action.

VAGINAL HYSTERECTOMY FOR CANCER.*

BY FRANKLIN H. MARTIN, M. D., OF CHICAGO.

There are six distinct methods of operating: First, Czerny's; second, Olshausen's; third, Müller's; fourth, Fritsch's; fifth, Winckel's; sixth, Péan's.

Questions which are still unsettled, and which the author considered should be thoroughly discussed, are: First, methods of treating wound and broad-ligament stumps; second, forcipressure versus the ligature in securing the stumps; third, limits of the operation for cancer, upper and lower; fourth, immediate mortality of the operation; fifth, ultimate results.

The methods of treating the wound and the stumps seem to be, as far as results are concerned, simply a matter of taste, as operators with equal brilliant records differ radically in regard to this point. Kaltenbach, Olshausen, Mikulicz, Teuffel, Tauffer, Winckel, Shauta, Slawjanski, Martin, Czerny, and the majority of the older operators, favor the closing of the peritoneal edges and the vaginal opening, while some of the latter operators, and especially those of America, favor the open, or the partially open, wound, with a loose drain of iodoform gauze. Among the latter may be mentioned Byford, Montgomery, Boldt and Reed. In my cases I have made no attempt to close the peritoneum or vaginal openings further than to place the tissues in position, so that the natural collapse of the parts would bring like tissues in coaptation. The tendency of late, however, among all operators seems to be towards an attempt to at least completely close the peritoneal opening with sutures. It certainly appeals to one's sense of the surgical fitness of things. Schauta (Prague), who has operated sixty-five times (1890) with five deaths, says on this subject: "The method which has given me the best results is the one in which all stumps are placed and fixed strictly extraperitoneally, and with complete closure of the supravaginal wound and of the peritoneal cavity." Kaltenbach

*Read before the Gynecological Society of Chicago.

(Halle), who has operated eighty times (1890) with but two deaths, says, "I think it is a fundamental condition of success that the peritoneal wound be closed. From my first operation I have always closed the open wound completely . . . I cannot reconcile myself to drainage of the abdominal cavity. There is nothing there to be drained. One of the most important points is to keep the dangerous supravaginal wound everted toward the outside. Cases of illness have occurred when the peritoneum has been left open." Olshausen (1890) has dropped the pedicle and closed the vagina below the stumps. This he has done in twelve cases. One of these died. The others recovered, not at all without accident, for some had abscesses and fever, with perforation of the abscess into the vagina and rectum. "But this should not frighten us," he says; "only the procedure must be still further perfected."

Forcipressure versus the ligature is a question which does not seem to be settled. The drift of opinion among those who have employed both methods seems to be towards limiting the use of forceps to those cases in which there is some special indication for their use, and at all other times to employ the ligature. The special indications for their use may be summed up as follows: First, shortening the time of the operation; second, the greater facility with which they may be applied in case of a narrow vagina; third, the possibility of applying them to ligaments when the uterus is held high in the pelvis; fourth, to facilitate drainage in the open-wound method.

The contra-indications may be summarized as follows: First, the difficulty in all cases of including the ligament in one pair of forceps, and the necessary crowding of the vagina with several pairs after both sides are cared for; second, the difficulty in obtaining complete hemostasis in all portions of a large ligament included in the grasp of one pair of forceps; third, the danger of almost certain and fatal hæmorrhage in case of an accidental unlocking of the forceps and the yielding of the grasp in spite of the tied handles; fourth, the danger of ulceration into surrounding organs (bladder and rectum) from prolonged pressure; fifth, the danger of the forceps breaking at the lock from oxidization, and precipitating hæmorrhage shortly after their application; sixth, the danger of leaving a route along their track of application for infection of the peritoneal cavity before or subsequent to their removal.

Among those favoring employment of forceps abroad are Péan Richelot, and L. Landau (Berlin). The latter says (1890): "No single method is so generally applicable as the one for which we are indebted to Péan—that of forcipressure. I have tried the other, too, but the experience with the new one is so incomparably better that I shall not give it up. It can be performed in an incredibly short time. . . . Indications can be met with this operation which could not be met with others; even fixed uteri can be removed by it."

Among those favoring forcipressure in this country may be mentioned E. C. Dudley and H. T. Byford, of Chicago; H. J. Boldt, of New York; Hall and Reed, of Cincinnati; Montgomery, of Philadelphia, and others. In 1888 Dudley favored this operation for the following reasons: (1) The operation is made short and simple; (2) hemostasis is prompt and reliable; (3) turning the cervix into the peritoneal cavity and bringing the corpus uteri into the vagina are not necessary; (4) the sloughing stump, if left in the vaginal wound below the peritoneum, comes away much more quickly, and a clean granulating surface take the place of a gangrenous wound; (5) effective drainage is secured by means of the forceps; (6) convalescence is less complicated; (7) the operation gives promise of reducing the mortality to four or five per cent or less." These were Dr. Dudley's views in 1888. Dr. H. T. Byford, who was the first to invent a hemostatic forceps with

the required strength and the pelvic curve, for this purpose—the forceps which is now almost universally employed, when any is used at all—seems more and more to regard the ligatures as the safer of the two. He has not entirely laid aside the forceps, but it is noticeable that he secures about everything that is liable to give much trouble in the way of hæmorrhage with strong silk ligatures, reserving the forceps for the upper margin and less important portions of the broad ligaments. In my opinion, more stress is laid on the part that the hemostatic forceps plays in shortening the operation than is warranted by the facts. I have found, in a number of instances, cases in which there were large, thick, broad ligaments in which several ligatures could be applied in much shorter time than it would require to apply the forceps. In the first operations which I performed I struggled hard to apply the forceps to the entire ligament. I succeeded, but in each instance I was obliged to reinforce the first pair, either at the upper or lower margin of the ligament, with one and oftener more pairs of smaller forceps. After a time it seemed better to ligate the large, bulky base of the ligament with one or two silk ligatures, and sever it to that extent, and then apply the forceps to the upper thin portion, which it had no difficulty in securing. I am now positive that in the majority of cases the ligatures can be applied as rapidly, if properly understood, and with greater security than the forceps; and when other obvious advantages of the ligatures are taken into consideration, I am not sure that I would not, in the majority of cases, prefer them to the forceps. It seems to me that, in the not far distant future, the forceps, like division of the uterus after Müller, or the turning of the fundus backward, will be resorted to only in cases where special indications arise and the use of the ligatures for some reason is impracticable. Pozzi (Paris), 1890, said of the use of forceps: "In exceptional cases this method may be used; it is a procedure determined by necessity, not by choice. If ligatio be possible it is preferable, for the statistics of cases operated on according to the forceps method are bad. Forcipressure acted also on the bladder. The pressure on the intestines has sometimes led to their laceration, occlusion and adhesion. It narrows the field of operation and hinders the removal of the adnexa, which occasionally is necessary. Finally, it prevents proper antisepsis, by the necrosis of the tissues included in the bite of the forceps."

Keith says, in January, 1891, on this subject: "The practice of securing the broad ligaments by strong locking forceps, or even by especially constructed clamps, and letting these remain on for several days, or until they drop away of themselves, does not commend itself to me as good surgery."

Limits of Vaginal Hysterectomy for Cancer.—One of the most interesting questions at present, since the justifiability of this operation for cancer is admitted, is its point of limitation when cancer of the uterus exists. In other words, how much must a uterus be involved before the operation for its removal is justifiable, and, on the other hand, how extensively must the tissues be involved before we reach the limit beyond which the operation is no longer justifiable?

In exploring the literature of this subject which has accumulated since Czerny's first case, we find that the field, as bounded by the upper and lower limits of this operation, has constantly broadened, until to-day it is far from heresy for one to make the lower limit at the earliest possible date at which carcinoma of any portion of the uterus (no matter how minute) can be accurately diagnosed by means of the microscope, and to place the upper limit at the point beyond which it is no longer possible to remove the organ with a reasonable chance of primary recovery.

So far, in following the evolution of this operation, we have found first the

operation grudgingly tolerated in extensive cancerous development in which the disease had not passed the limit of the uterus. Then we found it tolerated in a few cases of high cervical disease, reserving for high amputation all cases where the disease was apparently cervical. Now we will find in our next step, advocates of the radical operation in all cases, no matter how minute the point in which carcinoma can be recognized. Finally we find a still further extreme in which the operation is advocated in cases of doubtful diagnosis. This is the turn the subject took at the Cincinnati meeting, 1889, of the American Association of Obstetricians and Gynecologists. E. E. Montgomery, of Philadelphia, read a paper on the subject, in which one of his four conclusions was "that in all cases of cancer, when confined to the uterus, whether of the body or cervix, vaginal hysterectomy is the only justifiable operation." In another we read: "When the condition is one of doubt the patient should be given the benefit of the doubt and the organ removed."

Watham, of Louisville, and Reed, of Cincinnati, substantially agreed with Dr. Montgomery in regard to his first conclusion, which I have quoted, and did not openly deny the propriety of the second. The paper was also discussed by Vander Veer, of Albany, Joseph Price and Hoffman, of Philadelphia, and not a word of objection was uttered to the extreme views by any one.

In May, 1890, I read a paper before the Gynecological Section of the American Medical Association, in which I endeavored to support the following propositions: first: "Vaginal hysterectomy is the most justifiable surgical procedure we yet know for the cure of cancer of the uterus;" second: "Vaginal hysterectomy should be attempted for the cure of cancer of the uterus at the earliest possible moment after the disease is diagnosed." With the exception of one or two objectors, I found the Section with me.

Following, however, in August, at the Tenth International Congress, the subject was done full justice, and the experience with this procedure which was represented there lent great weight to the words which were uttered. That this Congress was in favor of the operation, there is no chance to doubt. Fritsch (Breslau), John Williams (London), Schauta (Prague), Pozzi (Paris), Olshausen (Berlin), Martin (Berlin), Landau (Berlin), Slawjanski (St. Petersburg), Kaltenbach (Halle), Dueveluis (Berlin), Kellman (New York), Czerny (Heidelberg), Fränkel (Breslau), and Péan (Paris), representing in the aggregrate an experience of over one thousand cases, favored without question the operation as a legitimate procedure of great importance.

The question at the meeting, of all others, was one of limit. Williams would perform the operation in all cases of cancer of the uterus where the organ was not too large, and mobile and free from adhesions.

Schauta called attention to the fact, which has been demonstrated, that in apparently strictly local disease of the cervix cancerous foci were present in higher portions of the cervix or the body of the uterus. He was able at the time to cite seventeen cases which had been reported. In my own short experience with this operation I have had one such case, which I had the honor to put on record before this Society. These cases belong to the class of which Fritsch said at one time that a single one would decide the question, whether total extirpation or partial amputation should be done, in favor of the former. Schauta, therefore, places the lower limit of the indication for hysterectomy so as to include every case of cancer of the uterus as soon as it can be recognized. He then rejects amputation altogether for cancer, if hysterectomy is possible. This operator, too, pushes the upper limit of the operation beyond the point ordinarily recognized as

correct. He considers it questionable whether we should not give a patient the moral support afforded by an operation, even if we are quite sure that we cannot go beyond the disease. He also questions whether we are not able to prolong life somewhat by diminishing pain and sloughing. He admits that the operation must be more dangerous in these cases, and that life may be shortened in a few instances in consequence. He argues that in not a few cases of apparent cancer infiltration of the broad ligament the deposits may be of an inflammatory nature alone. Pozzi stated the prognosis of ultimate recoveries after these operations to be, according to the latest statistics, between forty and fifty per cent. This operator is against supravaginal amputation because we are unable to state with certainty when the disease has not extended to the uterus. As to the upper limits he says: "The operation should be performed only in cases in which the disease has not passed beyond the limits of the uterus."

Olshausen summed up as follows: "The primary results must differ according to the limits accorded the contra-indications. Still, even if the limits of the indication be liberal, the mortality may be reduced to ten or fifteen per cent. . . . The final results—that is to say, the permanent cures—are, of course, far more unfavorable, but an earlier diagnosis and operation will secure better results in the future. Patients who are not radically cured suffer less after the operation than the patients not operated upon; this is due to the absence of hæmorrhage and discharges. Exceptions to this rule occur."

Landau thought "indications can be met with this operation which could not be met by the other; even fixed uteri can be removed by it, if the disease has not extended to the uterus." As to the upper limit he says: "The operation should be performed only in cases in which the disease has not passed beyond the limits of the uterus." Nineteen out of forty of his cases survive after two years, free from relapse.

Slawjanski believes "even in the neglected cases the operation should be done; for though relapse may occur rapidly, the subjective well-being of the patient is secured by it."

Hear what Martin says at the Congress:

"We must gradually come to the point of performing the operation in cases where every other mode of treatment has failed, and large losses of blood and other troubles extending over years have reduced the patient and made it impossible for her to enjoy life. I am convinced that as we have extended the indication in other fields, so it must be in this."

Immediate Mortality.—Immediate mortality of this operation in the hands of expert operators can as yet only be estimated. In the hands of the expert it promises to go below the mortality of simple ovariotomy. The mortality of the operator having the largest number of cases to his credit in this country, as shown in my collection of cases of last year, was five per cent. in twenty cases. The operator is H. T. Byford. The next highest operator, H. J. Boldt, of New York, had a mortality of 6.6 per cent. in sixteen cases. Slawjanski (St. Petersburg) had seven deaths in his forty cases and only one in his second forty. Kaltenbach has had eighty cases, with two deaths, or 2.5 per cent. mortality. A. Tannen (*Arch. f. Gynäk.*), from June, 1883, to the middle of November, 1889, collected one hundred and three total extirpations at the Breslauer Universitäts-Frauenklinik, of which ten died, making a mortality of 9.7 per cent.

The mortality of the operation shows a rapid decrease from year to year. I am sure I am not overstating the facts if five per cent. mortality is put down as the average mortality of the future of this operation in the hands of a good surgeon.

Ultimate Results.—John Williams (already quoted), after a thorough study of all obtainable statistics, put the average per cent. of permanent cures at twenty-eight per cent. in 1890. Schauta (1890) claimed 47.3 per cent definite cures, all cases counted as cured after three years had elapsed without return. Pozzi put the percentage of permanent cures at forty to fifty per cent. These results are, of necessity, tainted with the old conservatism which would not allow of the radical operation until the case was ripe, as it were, or until high amputation and all other forms of procedure had been discarded as too late. At the time they seem surprisingly favorable. In the face of these, and the fact that women in the future will be able to obtain this operation early, we are led to predict a permanent cure in at least fifty per cent.

From this imperfect and hasty study of this very interesting subject I will subjoin the following conclusions as representing to my mind the present status of the subject:

1. Vaginal hysterectomy is a legitimate surgical procedure.
2. Each case should be a law unto itself as regards the method to be selected for the accomplishment of the operation.
3. The future will demonstrate that ligatures are preferable to any form of lock forceps for securing the broad ligaments. Forceps will be reserved for emergencies where they must be employed as the least of two evils.
4. Unless there are special indications for drainage, the peritoneum should be as carefully closed as after an abdominal operation.
5. The stumps of the broad ligaments should be everted towards the supravaginal opening and drained antiseptically.
5. Vaginal hysterectomy should be performed for all cases of cancer of the uterus when it is still practicable to remove the organ without materially increasing the mortality, and should be adopted at the earliest possible moment after the diagnosis has been made.
7. The immediate mortality of this operation in the hands of surgeons should not exceed five per cent., and in the hands of experts it should be still further reduced.
8. The future ultimate results of this operation, after physicians recognize the importance of early diagnosis and early operation, will reach a much more favorable percentage than that recorded by the past.

Society Reports.

MONTGOMERY COUNTY MEDICAL SOCIETY.

The Montgomery County Medical Society held a meeting July 21st, at Rockville, Md.

Dr. Otis M. Linthicum reported a case in his practice of a laboring man of about 50 years old, who, while at work, was suddenly stricken with paralysis in one lower limb. Sensation was also *nil* from the hip down, cold to touch and cyanosed. The man speedily improved and nearly recovered in four weeks. The convalescence motion commenced in the toes and moved upward, and sensation commenced above and travelled downward. The doctor's treatment consisted in part of counter-irritation, with doses of strychnia. The question came up, "What was the nature of the lesion, and where situated?"

Dr. Anderson referred to a case of which he was cognizant, where a slight spot of tenderness near the elbow was followed by atrophy, which finally required amputation of the arm.

Dr. John L. Lewis read a paper entitled CLINICAL NOTES ON THE SO-CALLED TYPHO-MALARIAL FEVER, and states that in all text-books and by most practitioners it is considered a self-limited disease, and is considered useless, if not harmful, to attempt to break up the typhoid element. His experience does not bear out this teaching, and he gives three cases taken from numerous others to prove that the above is not sound logic, and does not tally with clinical facts. These cases were undoubtedly typhoid, and go to prove that where energetic treatment is directed to the typhoid condition by a colagogue cathartic, which removes the germ-infected feces, with the antiseptic bile flowing along the intestine, causes a dislodgment of these germs. And, to use the doctor's own words, "We must, at the same time, give quinia to act upon the malaria and reduce temperature. Nothing will do the latter so well as one of the antipyretics derived from coal-tar."

In the discussion which followed, it was shown that where the stomach is easily unsettled by quinia, the addition of antifebrin will prevent this disorder.

Dr. Stonestreet mentioned a case in his practice of typhoid-pneumonia, where the temperature remained at 105° for five days, and which did not yield to antipyretic treatment. The patient recovered.

Dr. Elgin called attention to the fact that antifebrin sometimes produces cyanosis.

The subject of poisoning by the rhus toxicodendron coming up, it was thought that the dust or lint from the vine, as well as the smoke from it in burning, would also affect the larynx and bronchial tubes, as well as the lungs.

Dr. Anderson called attention to a case where the lungs were so affected by breathing the smoke while it was burning, that the patient never got well, and died from the effects of it.

The chairman appointed Dr. C. G. Stone, of Brightwood, D. C., as the next lecturer, at our meeting in August.

CHAS. FARQUHAR, M. D., Sec'y.

NITRO-GLYCERIN FOR NEURALGIA AND PHYSICAL DEPRESSION.

Dr. Jno. N. Upshur said that he was sent for recently to see a woman, æt. 35, whom he found suffering from acute diarrhœa, rapidly going on to dysentery, with a neuralgic headache, insomnia, irritable stomach, and great depression. The bowels were controlled by enemata. On account of the depression and irritability of stomach, the administration of such analgesic remedies as phenacetine, antipyrine, etc., was not considered advisable; so he determined to employ and observe the effects of nitro-glycerine. One one-hundredths of a grain was given at 11.58. In three minutes its effect, as manifested by increased tension of pulse, could be positively identified. In two minutes more, she was greatly relieved and experienced a desire to sleep. By ten minutes past twelve (twelve minutes since the administration of the remedy), the patient was comfortable, and the doctor left, leaving an additional dose with the husband with instructions to administer if there should be a return of the depression or headache. When seen this evening, there had been no recurrence of these distressing symtoms, and consequently no occasion for a repetition of the dose.— *Va. Med. Mo.*

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

Subscription $3.00 *per annum, payable in advance.*

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JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.

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BALTIMORE, AUGUST 15, 1891.

Editorial.

RENAL HÆMOPHILIA CURED BY EXTIRPATION OF THE KIDNEY.

A contribution of very great interest upon this subject is presented by Dr. Senator in the *Berliner Klinische Wochenschrift*, January 5, 1891. Dr. Senator gives a very elaborate account of a case under his care in which the persistent hæmorrhage was traced to the right kidney and ceased entirely after extirpation of that organ.

The patient, a young lady 19 years of age, was taken first with hæmaturia in December, 1887, at the end of a menstrual period. (It is possible that earlier attacks had been confounded with menstruation). Examination showed that the urine contained hæmoglobin, but not blood-cells. A gynæcological investigation revealed no disease of the pelvic organs.

During the next two years there was no recurrence of the hæmaturia, but the patient coughed and became anæmic, so that tuberculosis was feared. In September, 1889, bleeding occurred a second time, more severely than before and quite independent of menstruation up to the time when Dr. Senator was consulted (Feb. 1890); the hæmorrhages continued to recur at short intervals, but examinations revealed true hæmaturia and not hæmoglobinuria as before.

The patient's personal, and especially her family history, was quite interesting. When very young she had suffered from prurigo, and in her thirteenth year from typhlitis. She had four brothers and sisters, of whom the eldest died at the age of seventeen. They all had suffered, or still suffered, from a strong tendency to hæmorrhage. Her father had, from youth up, been subject to epistaxis and expectoration of blood, but was now in good health. His eleven brothers and sisters had been nose-bleeders. Four of them died very young. Two died after maturity. One of these two was taken with epistaxis, which continued as long as 24 hours at a time and was frequently repeated, being associated with effusion of

blood into the skin and with vomiting of blood, and leading to his death on the fourteenth day. This illness was mistaken for typhus fever. Three others had excessive menstrual flow. The patient had two cousins on her father's side who were nose-bleeders, and her father's mother menstruated until she was 57 years old, always very profusely. The patient's father married his cousin, but she and her brothers and sisters had died so long ago that no personal or family history could be obtained.

When seen by Dr. Senator, the patient was very pale, but not wasted. No disease of any organ could be detected. At slightly shorter intervals than normal the urine was voided without pain or discomfort. Upon examination it presented nothing unusual except an intermixture of pure blood. There were neither triple phosphates nor pus-cells nor tissue-particles of any sort. There was no fever. Considering the age of the patient, the well-nourished state of the patient (anæmia excepted), and the absence of local disease-signs, it was evident that the ordinary causes of hæmaturia, tumors, tuberculosis, and gravel or stone in the kidney could be excluded.

Simple diet, rest, astringents and tonics were recommended, but did no good. In March, 1890, an examination was made under chloroform, but no abnormality of uterus or bladder could be detected by the inserted finger. On cystoscopic exploration, however, blood was seen to flow from the right ureter, while pure urine came from the left. As it was not likely that the ureter was the source of the hæmorrhage, a diagnosis of local hæmophilia of the right kidney was made.

In a short time the patient's condition became so perilous that operation was decided upon, not without great anxiety, since nephrectomy had never before been done on diagnosis of hæmophilia. The kidney was removed through an incision from behind. The wound healed quickly. There was scarcely any fever, and no blood in the urine after the second day. The patient was, at the time of the report (December, 1890), in excellent health. The excised kidney was, in shape and general appearance, quite normal. On microscopic examination it presented slight local scarrings and minute extravasations of blood here and there, quite consistent with the diagnosis of hæmophilia.

Dr. Senator quotes a similar case, but believes that his case is the only one in which a clear diagnosis of hæmophilia has been made before operation. The trouble has been, first, that hæmorrhage of this sort is rarely confined to the kidney alone; and second, that hæmophilia has been viewed exclusively as a constitutional disease or as a general disturbance of nutrition. The truth appears to be that while in a certain proportion of cases the hæmorrhages of hæmophilia depend upon defects in the composition of the blood or upon a state of plethora in which there is an excess of fluid in the circulatory system which must be relieved by hæmorrhage, yet in other cases the cause of the bleeding is a purely local and limited defect, depending on thinness of the walls of the vessels (perhaps congenital), of the affected organ, or perhaps also on an abnormally superficial location of the vessels. In many recorded cases of hæmophilia, the nose

alone is the seat of hæmorrhage. Of single sources, the nose is the most often noted. One nostril alone may discharge blood. Less frequently the mouth alone is affected.

These considerations will have a very important influence upon *therapeutics*. Heretofore it has been the custom to treat all cases of hæmophilia (apart from the immediate checking of hæmorrhage to save life), on general principles—either by tonics and astringents or by purges, and even by blood-letting, to relieve the plethora. Now, on the contrary, we will, at least in some of the cases, endeavor to remove the cause of the hæmorrhage by *local* treatment. We will, in these cases, seek the source of the hæmorrhage and check it there, if necessary, even by surgical means.

The operation opens up a new field for surgery, where it will win new honors, as soon as general medicine shall have clearly defined its boundaries.

TUMOR OF THE PITUITARY BODY.

The functions of this little portion of man's anatomy, situated at the base of the brain, upon the sella turcica of the sphenoid bone, are still shrouded in deepest mystery. That it has some important, even though humble, duties to perform in the human economy, may be readily conceded. First, because true science must ever shrink from the assumption that it knows all that can be learned concerning any normal portion of the human frame; and second, because "the constancy of the presence of this body and the uniformity of its connections in the whole series of vertebrate animals points to some important morphological relation" (Quain).

The two portions, anterior and posterior, of which this body are composed, are developed in the embryo from two entirely different sources. The anterior or glandular portion is formed by a flask-like projection upward of a bit of the basilar surface of the cranium, lined by the corneous layer from the back and upper part of the future mouth. This flask-shaped projection is gradually closed off from the cavity of the mouth, glandular tissue is formed from its epithelium, and its cavity is obliterated. The posterior portion owes its origin to the combination with mesoblastic tissue of an extension of the infundibular portion of the brain, which is thrust in between the sac (the anterior portion), of the pituitary body and the dorsum sellæ. The nervous structure of this posterior lobe afterwards disappears in the higher animals, but in the lower animals it retains its place as a part of the brain. Its cavity, which in the fœtus is connected through that of the infundibulum with the third ventricle, is afterwards closed off and obliterated.

The pituitary body is, in the adult, smaller than in the fœtus. It is hard, reddish, very vascular, and seems to approach, in structure, to the vascular or ductless glands, such as the thyroid and suprarenal bodies. It weighs from five to ten grains.

Tumors of the pituitary body have very seldom been described in medical literature. From the few reports which have been made, it may be inferred that

they may at times attain very considerable size without attracting attention.

Usually, however, there are vague symptoms, with perhaps failure of sight and indications of a lesion of the optic commissure.

In the *Lancet*, January 24, 1891, Dr. Major reports a case of tumor of the pituitary body, probably an adenoma. At the necropsy, a bilobed, flattened tumor, about the size of a chestnut, was seen projecting into the interpeduncular space, the posterior surface of the optic commissure and the right optic tract being half buried in it. To the finger it felt cystic, like a gall-bladder full of gall-stones. The tumor was sessile and had not grown into the ventricles nor caused absorption or marked displacement of tissues adjacent to it. There was no other evident disorder of the brain, except a slight flattening of the cerebral convolutions and a somewhat excessive collection of clear fluid in the ventricles.

The history of the young married woman (age 25), upon whom this necropsy was made, was uneventful until sixteen months before her death. The first symptom of disorder was failure of menstruation in May, 1889. She came to the dispensary in July, 1889, having "caught cold," and had a very severe headache for a week. After four months' treatment there for headache and symptoms considered hysterical, she came into the hospital, headache being still the chief trouble. At this time her behavior was irrational and her mental condition flighty and at times even maniacal. During November, 1889, she became apathetic, sleeping almost constantly, and being very dirty in her habits. Three or four fits of a hysteroid character (turning up of the eyes, extension of the limbs, unconsciousness), now occurred, and after these she improved, becoming reasonable, taking an interest in things, and assisting in the care of the wards. The headaches became less intense, and at the end of November, 1889, she went to a convalescent home. In the spring of 1890, she again came to the dispensary suffering from headache and other pains. In June, 1890, she had some vomiting spells. Up to this time no optic neuritis could be detected. In July, 1890, she was again received into the hospital. There was now double optic neuritis, with attendant symptoms. There was no wasting of the body and no paralysis. The temperature was subnormal; there was a trace of albumen in the urine, but no sugar. She lay quiet and motionless, moaning occasionally with pain, and experiencing frequent attacks of yawning and shivering, but without sensation of cold. She had delusions, with slight delirium; became wasted and feeble, but was not paralysed; passed evacuations unconsciously; developed left ptosis for a short time; and finally passed into a semi-comatose condition which, after lasting four or five days, terminated on September 28th, 1889, in complete unconsciousness and death.

The points of interest in the case are: the early symptoms of a hysterical sort, giving place later to those of an intracranial tumor; the tardy advent of the optic neuritis, which is sometimes quite wanting; the absence of fattening and glycosuria, which are said by some authorities to be characteristic of pituitary tumor, and are sometimes found associated with optic atrophy (without neuritis), in acromegaly, a disease in which hypertrophy of the pituitary body is often met with.

Medical Progress.

DENTITION AND INFANTILE DISEASE.

Dr. A. Brothers, in the *Archives of Pœdiatrics*, for August, 1891, says: "In conclusion, allow me briefly to summarize what I have endeavored to make clear in the body of this paper:

1. Dentition is rarely, if ever, a direct cause of death.

2. Precocious or retarded dentition may occur in otherwise healthy children or in entire families.

3. The period of eruption of the first teeth occurs, in healthy, breast-fed children, at six and a half months in the vast majority of cases, and first dentition is usually complete at thirty months.

4. Dentition is distinctly retarded in the first as well as the later teeth in children brought up on mixed or artificial diet.

5. Congenital diseases—tuberculosis, syphilis, endocarditis—seem to have a retarding influence on dentition.

6. Rachitis has a very pronounced retarding influence on the whole course of dentition.

7. Scrofulosis seems to hasten the eruption of the first teeth, but does not affect the later teeth.

8. In cases of undeveloped brain—idiocy—there is a marked retardation during the entire period of dentition.

9. Chronic diseases have a retarding power over the first teeth, but do not seem to influence the later teeth.

10. Children suffering from marasmus seem to be precocious with the first teeth, but delayed with the later teeth.

11. Cases of epilepsy, developing in early infancy, seem to have their first teeth appear early."

A NEW TERATOLOGICAL CURIOSITY.

Recent visitors to Paris must have noticed, amongst other highly artistic and highly coloured mural decorations from the brush of Chéret, a sensational poster depicting a freak of nature reminding us forcibly of the whilom popular Two-headed Nightingale. These phenomenal beings—for we have to deal with a double personality—are on view twice daily at the Gaîté Theatre, and as the aberration of development resulting in the birth of the twin and very much attached sisters, Rosa-Josepha Blazek, possesses real scientific interest, I make no apology for occupying a portion of your space with a summary of an article on the subject from the pen of Dr. Marcel Baudouin, which appears in the current number of the *Semaine Médicale*. Thanks to information furnished by Dr. Isch-Wall, who has enjoyed the exceptional privilage of a detailed examination of the young ladies, Dr. Baudouin is enabled to enlighten us on their physicial conformation. The twin sisters were born thirteen years and a half ago at Skreychov, in Bohemia, the labour, at which the village midwife officiated, presenting no particular difficulty. The mother, aged twenty-two years, had given birth two years previously to a girl of normal physique. The sisters are of very fair complexion, small for their age, resemble each other closely; and, when seated side by side, hardly convey the impression that they are united by so intimate an anatomical bond. Directly, however, one sister moves, the other is constrained to follow. The trunks are not parallel, the axes of the spinal columns forming an angle the apex of which is situated below at the junction of the pelves. Each trunk is twisted on itself at an

angle of about 45°, so as to turn the faces forwards and to incline the heads somewhat inwards. Viewed in profile, it is at once seen that the sisters are united by the posterior wall of the pelves, just as were Hélène-Judith, a description of whom is met with in old works on teratology. The apex of the angle or V formed by the conjunction of the trunks is constituted by the intimate soldering, in the median line, of the sacral and coccygeals regions, and, laterally, of the four buttocks. The composite pelvis is abnormally large, composed as it is of four ossa iliaca, from which spring four well-formed lower extremities. Below the sacral junction, between the four buttocks, in the quadrilateral and dome-like space bounded by the four thighs, is found a region the description of which is of special interest. At first view, one would be inclined to believe that the space contained only azygos parts—viz., one urethra, one vulva, and one anus. There is, in effect, only a single urethral orifice, from which urine has been seen to issue. But as no sound has ever been introduced through this opening, the existence of two distinct bladders can only be inferred from the fact that the desire to micturate is not synchronous in the two sisters. Immediately anterior to the urethra is situated a single fairly well developed clitoris. From either side of this organ is directed from before backwards a rudimentary labium minus. Encircling all these parts is a nearly oval collar, representing two labia majora, which limit a single vulva. This vulva contains two vaginæ, distinctly separated from each other by a complete partition, the entrance to each vagina being guarded by a crescent-shaped hymen. Between the two vaginæ and the single anus, situated at a short distance behind, is a frail perineum. The rectum is probably single up to a certain height (no rectal examination was allowed), for the desire to defecate is synchronous. But it is certain that there exist two large intestines. The anus, clitoris, and urethra are situated in the median line corresponding with the antero-posterior diameter of the vault formed by the sacro-gluteal junction. It will be remembered that Pancoast, who attended Millie-Christine, the two-headed Nightingale, for a vulvar abscess, found that this *pygopage* was endowed with two clitorides and only one vagina (Rambotham, on the contrary, maintained that there were two vaginæ), and that in Hélène-Judith the vagina and rectum, single below, bifurcated at a little distance higher up. Breisky, who in 1878 was Professor at the German Medical Faculty of Prague, and who examined Rosa-Josepha when the latter were only six months old, states that he then noticed a remarkable asymmetry of the crania, very plainly appreciated when the heads were viewed from above and behind.

The foregoing details will have prepared your readers for the information that in Rosa-Josepha we have to deal with two perfectly distinct psychical personalities. The only parts that can be considered common property are the lower portions of the genito-urinary apparatus (urethra, clitoris and vulva), the rectum, and perchance the lower end of the vertebral canal. That they are independent beings is evidenced by the fact that one sister can sleep while the other remains awake; one can occupy herself at a task that does not interest the other; one likes beer, the other wine; one is very fond of salad, which the other dislikes, &c. Moreover, one sister may be thirsty without the other experiencing any such sensation. The radial pulses do not beat synchronously. In Millie-Christine, Paul Bert discovered that a stimulus brought to bear on the lower extremities of one twin was perceived by the other. It was hence concluded that the caudæ equinæ were united. In the case of Rosa-Josepha, the nervous union must be of less extent, for the zone of common sensibility to afferent impressions is limited to a cutaneous space corresponding to the transverse mass situated between the two

pelves. The movements of this conjoined twin are free and graceful enough. When one sister walks, her companion is not obliged to follow backwards. Generally, as in the case of Millie-Christine, the two inner feet advance together, to be followed by the synchronous movement of the two external ones. Either sister can walk while supporting the weight of the other. In order to accomplish this feat it suffices for the bearer to incline her body anteriorly, while the other one, having lifted up her feet from the ground, reclines on her sister's loins. They have been seen to progress on only two and three legs respectively, mount the stairs, dance, &c. In waltzing they are very proficient. One had the croup when twelve months old without communicating the disease to her fellow. Soon afterwards the non-croupous twin was seized with convulsions, the other remaining unaffected. How can we explain the existence of such a phenomenon as Rosa-Josepha? Dareste has shown that the explanation lies in the accidental fusion of two germs developed in a single ovum, and enclosed in a single chorion. The two germs, represented at the early period of development by their primitive streaks, must be inclined the one towards the other, so as to form a V, the union occurring at the future sacal region. In the case of Rosa-Josepha this union must have taken place towards the end of the first fortnight after fecundation, when the medullary canal had not quite closed posteriorly. The single urethra, clitoris, vulva and rectum are easily explicable on this theory; but, as the allantois is already formed, these conjoined twins probably always possess two large intestines, two bladders and two uteri. These interesting young ladies will doubtless be in due course exhibited in England.—Paris correspondence to *Lancet*.

WHOOPING COUGH.

℞.—Powdered belladonna root . . . . gr. $\frac{1}{5}$
Dovers' powder . . . . . gr. ss.
Sublimed sulphur . . . . . gr. iv.
White sugar . . . . . gr. x.

M. Sig: Take in one dose from two to ten times a day, according to the age of patient and effect produced.—Germain See in *Jour. de Médecine*.

POWDERS FOR TREATING THE EAR.

Dr. Lawrence Turnbull, in *Med. News*, says: "Since the discovery and introduction of that most valuable agent, boric acid, by Betzold, numerous agents have been lauded for a time as being superior to it, as, for instance, "resorcin," and several others of the tar or coal derivatives; but, although praised by several aurists of Italy and of this country, they were found to exercise a most irritating and injurious influence upon the ear. Iodoform has been brought forward, and in proper and specific cases it is excellent, and although not a true antiseptic, has retained its place. This was followed by "iodol," which had a short life. "Aristol" is a new agent, and I would like to state that there are many objections to such fanciful names, when its own proper name is at once simple and descriptive. This agent has been highly praised by medical men in Europe and in this country. It was termed a universal curative agent in almost every disease. In skin disease it was stated to be wonderful; and pronounced harmless. In chronic rhinitis and in gynecological practice it was most favorably reported; also in ophthalmology and other branches of medicine. In ear disease I, with others, have given it a fair trial, but it has not been found a suitable remedy in my hands. It is a dithymol-diodide, or, more simply, an iodide of thymol, and is most simple in its preparation; it is made by adding a solution of iodine in iodide of potassium to an alkaline solution of thymol. Aristol only contains 45-48 per cent. of iodine,

which is less than half that of iodoform; and while it does not follow that the substance containing the most iodine will be the best antisepic, or even possess such properties in any degree, I know what iodoform is, and I think it may be fairly stated that aristol is not nearly its equal."

HYPNOTISM.

In an article on this subject (*N. Y. Med. Jour.*, August 1, 1891), Dr. J. T. Elkridge offers the following conclusions:

1. That hypnotism is real, subjective, and disassociated from any mysterious influence formerly supposed to be exerted by the hypnotist over the subject.

2. That its therapeutic value depends upon the mental impressions made during hypnosis, the latter rendering one more impressionable at the time.

3. That much that is accomplished by the aid of hypnotism may be obtained by making repeated impressions without hypnosis.

4. That hypnotism may be attended by certain dangers to the hypnotist, the subject and the community, but that, so far as the reputation of the hypnotist or the health of the subject is concerned, proper precautions will enable us to prevent any untoward effects, leaving numerous dangers of a medico-legal nature to be guarded against when hypnotism is practiced by unprincipled persons.

5. That whether the therapeutic value of hypnotism is greater than the dangers that can not be prevented from its practice is not determined, and should receive careful attention at the hands of competent investigators, whose minds are not likely to be unduly biased by skepticism or enthusiasm.

6. That no one should be allowed to hypnotize without a license from the State to employ hypnotism.

7. That the practice of hypnotism should be limited to physicians and other scientific investigators.

8. That no one of questionable reputation should be given a license to hypnotize, and any one so licensed should forfeit it on being convicted of any crime.

BORIC ACID IN CONSTIPATION.

Herr Flatau has suggested to the Medical Society of Berlin the use of boric acid in chronic constipation. In cases where the lower part of the rectum protrudes through the anus, and remains visible after powerful contractions of the levator ani and sphincters, the quantity of forty-five grains of boric acid is either dusted or rubbed on the mucous membrane in sight. In cases in which the mucous membrane is not visible it must be insufflated. It is important that the medical attendant should carry out the procedure himself, at any rate at the commencement. The patient should then keep quiet for a time. In from an hour to three hours peristaltic action will be observed in the colon. He has never seen a failure from this method of treatment, nor has he seen a case where the patient got so accustomed to it that it ceased to be effective. On the contrary, if carried out systematically daily, permanent improvement in time takes place and normal peristalsis is secured.—*Lancet.*

THE CLINICAL EXAMINATION TO BE INSTITUTED BY THE STATE BOARD OF EXAMINERS.

In his message to the Medical Society at the late meeting in Asheville, the President, Dr. R. H. Lewis, among other wise suggestions, urged upon the Board of Medical Examiners to add to the good work they already were doing a clinical examination to be conducted on plans to be formulated by the Board. In order that graduates in medicine applying for license should not be handicapped by the

immediate introduction of this new feature the Board, in adopting this suggestion, very wisely deferred putting this departure from the older methods into operation until 1893, thus allowing two years' notice to schools sending out graduates, and the graduates themselves, of this requirement ror license. It is probable that among other rules governing this clinical work will be one requiring each applicant to present to the Board, when he registers for the general examination, a certificate from the medical school from which he graduated, that he has had clinical instruction of a more complete and satisfactory character than is accorded by clinical lectures only. He must have had opportunity to examine patients and diagnose their diseases and prescribe for them, and he must know how to apply splints and bandages, as well as give the diagnoses of fractures and dislocations, and be able to give a reason for the treatment he adopts.—Editorial in *N. C. Med. Jour.*

TREATMENT OE GOUTY PAINS OF THE GREAT TOE.

The following application should be frequently painted over the painful toe:

℞.—Collodion	5 grammes.
Ether	5 grammes.
Salicylic acid	4 grammes.
Muriate of morphine . . .	1 gramme.—M.

—*Journal de Médicine de Paris.*

THE TREATMENT OF FISSURED NIPPLE.

Dr. Barton Hirst, of Philadelphia, in the *University Medical Magazine* for March, advises the use of an application of equal weights of castor oil and subnitrate of bismuth in the treatment of fissure of the nipple. The nipple and adjacent parts should be thoroughly washed and disinfected before applying the ointment. One of the advantages of this application is that it need not be removed if it becomes expedient for the child to nurse at that breast. The ointment makes a smooth and flexible coating, which not only serves as an efficient protective but tends to reduce the pain and reflex irritation. For the mammary engorgement and pain that so frequently occur when the nipple becomes fissured, he advises the employment of lead water with laudanum, in addition to the ordinary sling-compress. The entire breast should be covered with a cloth wet with the lotion, and the applications should be repeated at short intervals. This line of treatment ordinarily prevents the formation of abscess. It is best to allow the unaffected breast alone to be nursed, and the milk from the affected side can be drawn off with the breast-pump. If it is imperative that the infant shall nurse at the fissured nipple, a glass shield with a rubber tip may be used.—*N. Y. Med. Jour.*

COCAINE IN ASTHMA.

C. R. D. Sylva (*Indian Med. Gaz.*, March, 1891), reports a case in which very severe attacks of asthma were in a few minutes entirely relieved by the following subcutaneous injection:

℞.—Cocaine hydrochlor.	
Morph. sulph., aa . .	¼ gr.
Aquæ distil., q. s.	—M.

—*Med. and Surg. Rep.*

A PROPOSED MONUMENT TO AVICENNA.

Avicenna, "the Prince of Physicians," died some nine centuries ago, aged 58 years. It is now proposed, by the Berlin physicians, to erect a monument over

his neglected grave. The proposition is most creditable to the historic sense of the profession, and we hope that the learned gentlemen of Berlin who are initiating the movement will be successful in it.

Avicenna. M. D., was born about 1000, A. D., "in that delightful province of the Sun," Khorassin, and he lived an interesting and variegated life. The doctor was a good deal of a politician, but he did not have a steady "pull" with the authorities. He got himself appointed grand vizier, but was shortly deposed, imprisoned, then reinstated, and finally deposed again and banished the country. He was a gentleman, evidently, of great but erratic talents, and is reported to have looked too much on the wine when it was red in the cup. He wrote a very good treatise on practical medicine, called the "Canon," which was used as a text-book by medical students for several hundred years, and which must have run through a good many editions.

Dr. Avicenna was a brilliant man beyond any doubt, and ought to have a monument. But so, perhaps, ought Rhases, Averrhoes, Albucasis, Avenzoar, and especially Honain, who, for true moral worth, perhaps exceeded them all. If, therefore, we undertake to honor the memory of the Arabs, it might be wiser to have a conjoint tablet and put on all the names. As soon as our American brethren have finished their monument to Dr. Rush, we trust they will take up the Arabs.—*Med. Rec.*

COCAINE AND ANTIPYRIN ANÆSTHESIA.

The combination of cocaine and antipyrin is said to produce a more lasting and complete anæsthesia than cocaine used alone. Dr. Martin (*Med. News*), suggests, for powerful local anæsthetic effect on the gum and sensitive dentine, the following solution:

℞.—Cocaine hydrochlorate crystals	¾ gr.
Antipyrin	6 grs.
Water	16 drops.

Our own observation inclines us to prefer 2 grains acetanilid to the antipyrin.

Medical Items.

The population of France, according to the official census, is 38,095,150, an increase of only 208,584 since the previous census.

The average daily number of ambulance calls in New York City is forty-six, and the total number for the year is about seventeen thousand.

Dr. Victor C. Vaughan is made Dean of the Faculty of Medicine in the University of Michigan, in succession to Dr. Ford, who has resigned.

As a result of new sanitary measures in England, there has been a diminution of more than thirty per cent. in the death-rate from consumption since 1861.

The Academy of Medicine of Paris has awarded the Orfila prize to Professor Kauffman, of the Veterinary College, at Alfort, for a lotion for the cure of viper bites, consisting of one part of chromic acid dissolved in one hundred parts of water.

Dr. W. S. Christopher has resigned the chair of Theory and Practice of Medicine in the University of Michigan, to take the chair of Diseases of Children in the Chicago Polyclinic.

Dr. Rubner, of Marburg, who succeeds Prof. Koch as Director of the Hygienic Institute in Berlin, is only 37 years of age. It is said that he belongs to the old physical and chemical school of bacteriology as represented by Petterkofer and Voit.

The total weekly issue of the *British Medical Journal* has reached 17,000 copies, and the total reserve fund of the British Medical Association is now £48,766, all of which has been accumulated from the net earnings of the journal of the Association.

The *Med. Rec.* says: Fraenkel has shown that tincture of iodine and iron salts locally may cause a sero-fibrinous peritonitis. The suggestion is made that some of the peri-uterine inflammations may be caused by the iodine applications so often made.

In addition to the papers announced to be read at the meeting of the American Dermatological Association, the following will be presented: The Hypodermatic Use of Hydrargyrum Formamidatum in Syphilis, by Dr. R. B. Morison. Retarded Hereditary Syphilis, by Dr. R. B. Morison Epilation: its Range of Usefulness as a Dermatotherapeutic Measure, by Dr. J. Ziesler.

An exhibit from the New York City Board of Health has been sent abroad on the steamship Teutonic to the International Congress of Hygiene and Demography, to be held in London. Seven albums of photographs have been prepared for the purpose of giving a graphic outline of the sanitary undertakings of the board. These include views of the different styles of plumbing, drainage, sewerage, water-supply, and tenement-house supervision.—*N. Y. Med. Jour.*

The Boston Directory, for the year 1891, has recently been issued. It contains 198,940 names, including the names of about 2,353 persons who have died or removed from the city within the past year. The Directory then contains the names of 196,587 living persons. In the back part of the book the inhabitants are again enumerated under their several occupations. Under the heading *Physicians*, there are enumerated 1,193 names, or one physician to every 165 names.

The gross population of England and Italy is about the same, namely, thirty millions, and while the mortality during 1889 in the former was 511,000, in the latter during the same period it was 820,000. This gives a rate of 17.8 deaths per thousand for England, and 27.6 per thousand for Italy. Bad water and the absence of sanitary arrangements in the large towns are assigned as the causes of this high rate of mortality.—*Boston Med. and Surg. Jour.*

The Appleton Prize, a prize of medical publications of the value of $25, offered annually by Messrs. D. Appleton & Co., of New York, to the candidate passing the best examination before the board of Medical Examiners of the State of North Carolina, was won this year by Dr. Russell Bellamy, of Wilmington. According to the *Southern Medical Record*, seventy-five applicants for the license to practice were examined by the board.—*N. Y. Med. Jour.*

Dr. G. Halsted Boyland, a former resident of this city, and well known to many of the profession here, is now practising medicine at No. 73 Avenue d'Antin, Paris, France. Dr. Boyland has recently passed a successful examination before the Faculty of Paris and is now a Doctor of Medicine of the Faculty of Paris, which confers upon him the full privileges of practising medicine in France, where the laws regulating the practice of medicine are carefully and stringently enforced.

A young holiday soldier who had been enquiring into the conveniences for the soldiers during the war, from an old Confederate, put some puzzling questions, and among others got this reply: "It was pretty hot sometimes on our part of the line, close shooting day and night, but fortunately the question of 'going to the rear' settled itself by the character of our food. We had only to step a little aside, there was a gust of wind, a cloud of meal husks; a flock of sparrows served as the sanitary agents, and we crawled back into our places in line, with the slightest readjustment of our nether garments.—*N. C. Med. Jour.*

Doctors may come and doctors may go, but the Mississippi Valley Medical Association goes on forever. The October meeting at St. Louis promises to be one of the most interesting and valuable in the history of this banner Association. The local committee on arrangements at St. Louis includes the representative men from all the colleges, of the local societies, of the medical journals and all the varied interests of the profession. St. Louis is noted for her warm hospitality and the profession this year are determined that everybody who comes to the meeting, October 14th, 15th and 16th, at the Pickwick Theater, St. Louis, shall have not come in vain. For information regarding the meeting, address the office of the Committee of Arrangements, Grand and Lindell Avenues, St. Louis.

A law which goes into effect in Nebraska next month provides for a State Board of Health, to consist of the governor, attorney-general and superintendent of public instruction, who shall appoint four secretaries, who shall be graduated physicians of at least seven years' practice. It is made unlawful for any person to practice medicine, surgery or obstetrics, or any of the branches thereof, in this State, without first having obtained and registered the certificate provided for by the act, and no person shall be entitled to the certificate provided for unless he shall be a graduate of a legally-chartered medical school or college in good standing; said qualifications to be determined by the board. The penalty for infringement of the law is a fine of not less than fifty nor more than three hundred dollars. —*Boston Med. and Surg. Jour.*

In the *Brooklyn Medical Journal*, Vol. V., No. 3, Dr. Henry Conkling refers to the value of coca erythroxylon as a cardiac tonic. He calls special attention to the form under which this drug should be administered, as follows: "The official preparation of coca, the extractum erythroxyli fluidium, may be given in doses of from ʒ ss–ʒ ii. The use of this preparation is not always satisfactory. After employing the remedy, the thought had been suggested that perhaps the nature of its composition did not tend to develop the local sedative action of coca upon the mucous membrane of the stomach. A preparation made differently, containing more of an alcoholic principle, might theoretically overcome this difficulty. It is possible that the article familiarly known for many years as Vin Mariani has the requisite composition. It has been used, as noted in printed records, for diseases of the mouth, throat, stomach, general neurasthenia and pulmonary tuberculosis. Its use has been suggested in forms of cardiac disease. This note has been written to record the successful use of the preparation in cardiac irritation from the non-elimination of urinary products, as shown by diminution of urea. The heart here is frequently in a condition of tremor cordis, and marked muscular debility often remains after the function of the kidneys has become more normal. Vin Mariani has proved most beneficial in restoring and saving muscular force, and thus furnishing a better organ upon which other drugs may act more favorably."

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 17. BALTIMORE, AUGUST 22, 1891. NO. 543

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Original Articles.

THE USE OF THE CAUTERY IN EYE DISEASES; CORNEAL ULCERS, DETACHED RETINA, EPISCLERITIS.*

BY HIRAM WOODS, M. D.,

Assistant Surgeon at the Presbyterian Eye, Ear and Throat Charity Hospital, Professor of Diseases of the Eye and Ear at the Woman's Medical College, Baltimore.

The use of fire heat in the treatment of eye diseases is, in one sense, very old, in another quite new. Dr. John Herbert Claiborne tells us, in an article in the *New York Medical Journal*, for May 30, 1891, that Hippocrates is said to have "destroyed growths on the inner surface of the lid with iron brought to red heat." Others used it for trachoma, lachrymal fistula, trichiasis, etc. With the possible exception of trichiasis, (and then only rarely), none of these diseases are now treated in this way. The modern or new use of the cautery is based upon more or less exact knowledge of pathological conditions and of therapeutics. Its place is in *infected diseases of the cornea* and its efficacy lies in its antisepsis. In such diseases of the cornea, it is, in my opinion, the best remedy we have for relieving severe pain and putting a stop to a process which greatly endangers the eye.

By "infected diseases" is meant such pathological processes as are traceable to some outside infection. At times this infection is manifested by the formation of pus within the corneal substance, forming an abscess. Again, the pus will show a tendency to burrow within the cornea, and then will come under the classifica-

*Read before the Medical Society of Washington County, at Hagerstown, Md., August 12, 1891.

tion of "ulcus corneæ surpens"—or Sæmisch's ulcer. Again, while the infecting material may not produce pus, it will set up an ulcerative process which shows a tendency to go through the cornea (perforating ulcer), or it infiltrates the cornea centripetally (rodent ulcer), or, finally, starting at the extreme periphery, it will eat its way around the circumference, cutting off the cornea from its main nourishment by the conjunctival vascular loops, and speedily destroying the eye. This "ring ulcer," as it is called, is one of the most dangerous diseases to which the eye is liable.

The first one to use heat in the treatment of corneal diseases was Dr. Martinashe, of San Francisco, in 1872 (*Pacific Medical Journal*, 1873, p. 294-5, quoted from Claiborne). Martinashe's method is thus described by Arlt in his "Diseases of the Eye:" "He used a small olive-shaped knob about 2 mm. thick and not quite 4 mm. long, terminating at the free end in a blunt point." Arlt says: "The application of this red-hot iron to the infiltrated margin which tends to spread further, is neither painful nor alarming, if the healthy eye be closed and the head and lids of the affected eye be fixed; when the infiltration is extensive, or there is more than one, it may easily be repeated. A clean surface appears at the point of the exfoliated eschar with a tendency to rapid healing, such as can be obtained neither by scraping off the infiltrated portion (Volckmann's method), or by cauterization with nitrate of silver." This endorsement from a Continental authority of an American's suggestion was written in 1884. Up to that time, so far as I am able to discover, not more than three or four American and comparatively few European ophthalmologists had adopted this treatment for corneal ulcerations. Even now the method is by no means as generally used as its merits warrant.

There are several ways of applying the heat. Some use an iron or platinum knob, similar to Martinashe's, heated in a gas-flame or by means of a spirit-lamp. A piece of wire twisted into a small loop, the end of a strabismus hook and other instruments, some simple, others complex, but all heated by gas or a lamp, have been used with good effect. Professor Noyes speaks highly of the thermo-cautery of Pacquelin, while others, again, pin their faith to the galvano-cautery. There are certain advantages and disadvantages connected with each method. The small knob or loop must be taken very quickly from the flame to the eye, or it will lose a certain amount of its heat. Inasmuch as the surface to be cauterized is usually small, the touching of healthy cornea with the hot instrument is to be avoided, and the average patient does not contemplate with equanimity having the eye touched with a hot piece of metal, it seems to me this necessary haste is something of an objection. My own experience has been chiefly with the electro-cautery, using a platinum wire loop as an electrode. As now used in the routine practice of the Presbyterian Eye and Ear Hospital, I prefer this to the method of transferring the hot applicator from the flame to the infected eye. The essential points in the cauterization of an ulcer are (1) to have a *red, not a white heat*, (2) to cauterize the whole infected area. Two difficulties presented themselves when the cautery was first used—both based upon the rapid heating of the wire to a white heat as soon as the current was closed. One was the dazzling glare to the operator's eye, making it almost impossible for him to clearly see the ulcer, and the other was the pain to the patient from the intense radiating heat. These difficulties were overcome by getting a battery in which the heat can be regulated from a dull red, to an intensity great enough to consume the wire as soon as the current is closed. Neither the radiation nor the glare is so great with the red heat, but, if one prefers, it is easy to touch the infected area with the electrode before the current is closed. Immediately on an assistant's closing the current,

when told to do so, the electrode is heated, and the operation completed. At the hospital the patient is put on the operating table, and cocaine is used. The speculum and forceps are rarely necessary.

Every Autumn and Winter we see in Baltimore a large number of cases of a peculiar corneal ulceration among oyster shuckers. The cause is some infection from the particles of shell striking the cornea—at least such is thought to be the case, for the trouble always follows getting a piece of shell in the eye. This trouble was, I believe, first described by Dr. William J. McDowell, in 1879, then a member of the hospital staff, and now residing in Jersey City. There is a gray infiltration of the cornea at the point of injury, the ulcerative process shows a tendency to spread rapidly, both toward the anterior chamber and through the corneal substance, and there is, withal, photophobia, lachrymation and pain. Sometimes pus forms. Previous to the use of the cautery these cases were treated with eserine, hot applications, etc. They did much better with eserine than with atropia. Dr. Herbert Harlan has published an interesting paper upon this subject in the *New York Medical Record* of June 23, 1888. At best, the individual was lucky if he got to work a week or ten days after the injury. During the past two winters all these cases have been treated with the cautery. Many of the patients did not return to the hospital at all, but went right to work. Those who did come back showed just such a condition as Arlt has described in speaking of cases treated by Martinasche's method: "A clean surface . . . with a tendency to rapid healing." No bandages were used for these patients. Sometimes they were given a 1-5000 bichloride wash and more frequently they were given nothing.

Leaving out the cautery, the best treatment for Sæmisch's serpent ulcer—a purulent infiltration of the cornea—is undoubtedly Sæmisch's operation, combined with as strict antisepsis as can be procured. This operation consists in laying open the ulcer by transfixing the cornea from one side of the ulcer to the other with a cataract knife, the knife passing into the anterior chamber. I have treated several myself this way and seen others treated with fair results. The disease is a dreadful one and more or less of the cornea is bound to go. Since the introduction of the cautery, we have seen very few of these cases at the hospital, but there have been enough to demonstrate, in my opinion, at least, the superiority of cauterization over any other form of treatment. More than one cauterization is sometimes necessary. This is the case when the edges of the ulcer continue to show purulent infiltration. In the cases I have seen, however, one has usually sufficed. The after-treatment consists in the frequent use of antiseptic washes, of which a solution of bichloride, 1-3000, is probably the best. Prof. Noyes says: "It is not safe to use it (the cautery), upon a prolapsed iris projecting in the middle of an ulcer." There is danger of intra-ocular suppuration.

In the use of the cautery in the "ring ulcer" I have had, personally, no experience, but there is abundant evidence to prove its efficacy here as in other infected ulcers.

A physician is frequently called upon to treat such a case as this: An individual of a not very robust constitution, with poor hygienic surroundings, and suffering from time to time from attacks of "sore eyes." These attacks manifest themselves by pain on exposure to light, watering of the eyes, more or less firm closure of the lids, which possibly are red and eczematous. An attempt at examination meets with resistance from the patient: if it be a child, the outcome of the struggle to get the eye open will depend upon whose side the mother takes. When, finally, the eye is seen, one, two or three small points of grayish infiltration are found in the cornea. After a time, with or without treatment, things im-

prove, small scars form in the cornea where were the little ulcers, and matters are quiet till the next attack. A great deal can here be done by tonic treatment, antiseptic lotions or ointments, and an improvement, if possible, in the hygienic surroundings. To what extent these attacks depend on bad hygiene, how much infection has to do with them and whether or not such a remedy as the cautery will do good or harm are often very nice questions. For my own part, I would hesitate to use it on an ulcer clearly due to a low condition of health or some other constantly acting cause, unless there existed special indications for its use. Such special indications, I should say, would be a tendency of the ulcer to spread either toward Descemet's membrane or peripherally, the formation of pus in the cornea, hypopion, etc. Then it is necessary to stop the necrotic process before more cornea is involved. There is now an out-patient at the hospital, a man, of about 40 years of age, who has suffered for years from just such attacks. He has sycosis of the beard, eczema of the lids, a few wild hairs, and several scars on his cornea from old ulcerations. About a year ago an attempt was made with the cautery to hasten the healing of a perfectly quiet vascular corneal ulcer. The result was severe reaction, with considerable acute inflammation, from which he made a very slow recovery. If, however, this individual or one like him should, during the course of a slow corneal ulcerative process, show a marked and active advance of the disease, I would consider cauterization the best thing I could do for him.

In conclusion, a few words may be said about the use of the cautery in other diseases than those of the cornea. Prof. Chisolm, when in Paris in 1890, saw De Wecker treating *detachment of the retina* by cauterizing the sclerotic over the point of detachment. De Wecker seemed to think highly of it. The burn is thought to act as a counter-irritant, and to cause the absorption of the sub-retinal fluid. Prof. Chisolm has used it in three cases at the hospital. In all three the detachment occupied the lower part of the eye. In one there was enough shrinkage of the retinal tumor to allow light to reach the fovea, which was unaffected. The result was only temporary, however, and the ability to count fingers on the level, which the patient had for a few days, was lost. A second cauterization did no good. Nothing was accomplished in the other two cases. I have treated one patient this way—a woman with a detachment in the upper fundus. The result was absolutely nothing.

One of the most obstinate eye diseases which one can have to treat is *episcleritis*. It is characterized by a more or less firm subconjunctival swelling and is usually found on the sclerotic near the margin of the cornea. There is usually the pink circum-corneal injection, characteristic of inflammation of the deeper eye structures. There is always pain on pressure, and generally considerable pain without pressure. The trouble is apt to last several months, in spite of all treatment. In October, 1890, I was consulted by a lady, 35 years old, for this disease. She had, as many of these cases have, a rheumatic history. She was treated in the usual way and gradually got better—post or propter hoc, I will not say. By April she was well. Here and there one could see points of thinning of the sclerotic caused by the inflammation. In June last she appeared again, with a painful, red eye—another attack. This time I burnt the whole of the inflamed area with the electro-cautery. The result was most gratifying. The pain was relieved at once, and in two or three days all the swelling had subsided. She has had no trouble since. I used it on a second case a week ago. This patient did not suffer much pain except on pressure. The swelling has now disappeared, the eye can be pressed without causing pain, but there is still consider-

able redness. Prof. Chisolm tells me he has used it in three cases. In two the pain was promptly relieved and the eyes went on to recovery. Each case had been under care for several weeks and had not been materially helped. The fourth was not helped at all. This method of treating episcleritis is, so far as I know, not at all common, nor have I seen it suggested in any of the standard text-books. Four cases out of five cured is certainly a good showing, and while not enough to warrant any extravagant claims, it justifies a more extended trial of the remedy.

To conclude, I would say (1) that in acute ulcerations of the cornea, occurring after traumatism and apparently due to infection, the cautery is the best remedy we have. It relieves pain, stops the morbid process and promotes healing. It saves many weeks in time, besides leaving less scar tissue than results from other methods. (2) It is not appropriate in the so-called asthenic ulcer, where a constitutional defect evidently exists, or in the ulcers which are sometimes seen in patients suffering from trichiasis, trachoma, etc., unless the cause can be removed. If, however, these indolent ulcers should become active, its use would be justifiable. (3) From the small experience I have had in using it for episcleritis, nothing more can be said than that it is about the only thing I have ever seen used which cuts the disease short.

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ADDRESS IN SURGERY.*

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ON REST AS A THERAPEUTIC AGENT IN SURGERY.

Mr. President and Gentlemen:—"There are duties difficult of fulfilment pertaining to every position in life, and there are duties attached to public professional life from which no man can assume to himself the right to shrink, with whatever diffidence and incapacity they may be undertaken." These are the opening words in one of my favourite books, and they express my feelings so well to-day that I do not hesitate to adopt them. Some years ago a friend of mine was sitting in the Surgical Section at a British Medical Association meeting. He overheard a conversation near him. "Who is that sitting at the table?" said one, pointing to an office-bearer. The answer was, "I do not know him, but he must be a wise man—he has never opened his mouth since I entered the room." The person under discussion was then Secretary of the Surgical Section; he now occupies a more important position, and his first thought this afternoon in addressing you is that he is throwing away his best chance of being considered a wise man. The silent people in this world, as a rule, have the best of it, but silence is not permissible to me to-day.

In the Address on Surgery I come before you with a free hand. The burden that is upon me is by no means lessened by the thought that the invitation is mainly intended as a compliment to the school with which I am proud to be connected, and that many of my audience, who are Edinburgh men, hope that speaking in the name of the school, I will not speak unworthily. The mode, the method, and the subject lie solely with me, and I trust I have not erred in the choice that I have made.

*Read at the 59th Annual Meeting of the British Medical Association, from *British Medical Journal*, Aug. 1, 1891.

Since my student days the importance of principles has ever been before me, due, as every old Edinburgh student in the sixties will acknowledge, mainly to the teaching of Goodsir and Syme. Since my student days, when Carlyle was our rector, hero worship has been to me an incentive and an encouragement.

My hero for to-day, whose one great work has been to me a classic, taught me to value a great principle, and I cannot but think that those present who knew him personally, who worked with him and were taught by him, will be the first to acknowledge that in taking him, and the great idea which he loved to inculcate, as my mainstay to-day, I am leaning on a strong staff, and that it will be entirely my own fault if I do not make the subject an interesting one. To those present who knew him not—there are not many present who do not know his work—it is an absolute pleasure to me to be the imperfect medium of an introduction. My hero is John Hilton, and my principal is *rest as a therapeutic agent in the cure of surgical ailments.*

Judging from the catalogue of Hilton's writings given in the great *Medical Dictionary*, which we owe mainly to the untiring energy of a not infrequent visitor at these meetings, Dr. J. S. Billings, of Washington, John Hilton must have been a silent man. Apart from those who were his immediate pupils, he seems to have given others only two opportunities of judging of his worth. On both occasions —thanks to the Royal College of Surgeons of England, who called on him to give the Hunterian address in 1867, and to deliver the lectures at the College in 1861, 1862 and 1863—he was pushed into positions which compelled him to put his ideas in print. It is to these lectures I owe so much, and my obligations are so great that I am compelled to embrace this opportunity of inculcating Hilton's great idea of the value of rest in surgical practice. I read the book, by Mr. Joseph Bell's advice, in my student days, and after I became a teacher in surgery I again renewed my interest in it, from reading a short paper by that master in surgery Sir James Paget, who gave his own personal experience of the value of Hilton's method of opening an abscess. I have ever since given Hilton a principal place amongst my teachers. I have made constant reference to his worth in my daily work as a teacher, and recommended all my students to make part of themselves the great principle which Hilton's name is so honourably associated. Bacon says there are books to skim over, books to read parts of, books to absorb; Hilton's book on *Rest and Pain* is one to absorb. Since Hilton's time—born in Essex in 1804, died in 1878—many changes have taken place in the practice of surgery. I ask, and wish to try and answer the question, what bearing has Hilton's main idea—good for all time—on our present work as surgeons? While I gladly grant that in this audience there are those who could, from more extensive knowledge, bring Hilton more vividly before you, yet I will yield to no one in my intense admiration for the man, and for the principle.

In estimating the impression which Hilton's book has made on my mind, and the effect it has had on my teaching and practice, it is very evident that I must draw largely for my illustrations upon my personal work, if I choose simple things I have in a predecessor, Mr. Teale, of Leeds, an example of a surgeon who took, in great part, the simples as the subject of, in my opinion, one of the most interesting addresses in surgery recently delivered to this Association. I will not only speak of things which illustrate the value of rest, but of things which cause unrest, the removal of which is the main aim of the surgeon. I am not going to attempt to define rest, or its opposite—unrest. There is always some molecular movement going on during life; a part can never be in a state of absolute rest. The term must always be a relative one. It has been divided into mechanical

and physiological, but this division is a purely arbitrary one. It has, however, a mental and bodily aspect;—a psychical and a physical side; and without further preface I will take up first the mental, and afterwards the bodily aspects of rest and unrest.

I estimate year by year, more highly, the mental aspects of rest. The late Mr. Goodsir divided physiology into two divisions, anatomical and psychological, and in his graduation address in 1859 he laid down this axiom, "that the greater liability of man to disease is intimely related to his higher conscious intelligence;" he also says "that in the treatment of disease the adjustment may require to be, and in general must be, directed more or less to the psychical as well as to the physical conditions of the case."

We all know, it is not work, but worry—mental unrest—which kills, so a person will bear much physical discomfort in order that he may be relieved of the mental discomfort of his condition. I take into consideration in my practice and in my operations the effect that my decision in recommending any special treatment will have on the mind of my patient. In operations for cancer we all know how frequently they are unsatisfactory, but I think we hardly estimate the great mental depression which often follows on our refusal to attempt to give relief, more especially after the recurrence of the disease—after the primary operation has taken place. An attempt—even if unsuccessful—to remove a tumour will often give the patient a feeling of mental rest in the very thought that no stone has been left unturned in the endeavour to give relief. I desire, as far as I can, to give my patient mental rest, and for this reason I am often impelled to make the endeavour by operative means to give that relief which, looked on simply from the physical side, it may be impossible to underestimate, but, looked at from the psychical side, it may be impossible to overestimate. For example, there is a class of cases which I have sometimes termed the "phobias"—syphilophobia, cancerophobia—in which the whole disease is psychic, and I know no condition in which I have more pleasure in giving relief, because the condition of these patients is a most unhappy one. There is one aspect of the mental side of disease which has, in my opinion, not received the attention which it deserves. When a patient is confined to his bed, away from his work, he is often suffering as much from the worry of mental inactivity as from the physical disease for which he is under treatment. I feel sure that the prescription "don't worry" might with advantage be burnt, and that "do some work" should take its place. I have seen patients suffering from aneurysm who have shown decided improvement by encouraging them to do some light mental work.

This is an age of diagnostic incisions on the part of surgeons, and faith on the part of patients that after the incision has been made, and the part thoroughly examined, the surgeon will have more light, and be best able to judge as to what should be done. The patient may come out of the anæsthetic minus a limb, but he will feel that it was taken off only after the most careful examination and the fullest possible light had been thrown on the diseased area by free diagnostic incisions. One is reminded in this connection of a song by Sir Douglass Maclagan, the Nestor of medicine in the capital of the North.

Case second. An unhealthy lad
To Duncan's Ward came in, Sir,
And showed to him a shocking bad
Affair upon his shin, Sir.
Says Duncan, twirling of his probe,
I fear that this won't cobble;

'Twill never make a decent job,
And all your life you'll hobble.
He gave the ether. Off the leg
Was snipped before their noses;
Chap woke and found a wooden peg
Where there had been necrosis.

The limb at that time was taken off because the surgeon said it should come off; now a limb is taken off because the surgeon feels and sees physically, not psychically, that it must come off. In diagnostic incisions I believe we have a valuable aid in avoiding psychical unrest. These diagnostic incisions are the direct outcome of the minimised danger of such incisions. A new diagnostic power has been placed in our hands The first step in the operation is the diagnosis, and the surgeon has no hesitation in taking this step. He requires from his patient a free hand, he takes less on faith and more on sight. He avoids the necessity and uncertainty of guessing, which perhaps gave to the surgery of the past much of that something which made great diagnostic surgeons, but we must remember that this diagnostic power was the direct outcome of an experience largely founded on mistaken diagnosis. The present method trains the ready surgeon, and is in my opinion the method which best attains the object desired, namely, that the best is done for the patient.

I need not dwell on anæsthesia as a cause of rest in our patients, except to say that I still adhere to the views I expressed in a paper on chloroform, read at the Cardiff meeting in 1885. I still hold that chloroform is the best anæsthetic; and I cannot help, as a pupil of Syme, feeling pride that the decision of the Hyderabad Commission, presided over by Dr. Lauder Brunton, so fully bears out the views held by that far-seeing man. Cocaine as a local anæsthetic is, in my opinion, of great value in adults. I have never seen any of the evil results, local or general, which have been described. We must take care to use a pure solution, and see that we do not inject it directly into a vein. These are the precautions which I have taken; and I use it either as a solution of salicylate of cocaine, or kept in pellets, and dissolved when required in camphor water or distilled water. I never inject more than half a grain. In the passage of bougies, in phimosis, in tracheotomy, in fissure, and in simple cases of fistula in ano, in excision of tonsils, before injecting iodine into a hydrocele, in small wounds before stitching, I have found the drug valuable. I allow four minutes to elapse after injection before performing the operation. To prevent urethral fever—a purely nervous lesion —before passing an instrument I have used it in the form of a cocaine bougie. It is right to say that the use of local anæsthetics, such as cocaine, ether, or chloride of ethyl, may be overdone. The work of the surgeon may require to be done in too hurried a manner, not altogether satisfactory either to the patient or to the surgeon. Mental unrest, arising from a feeling of work imperfectly done, worries the surgeon; and in any operation requiring time chloroform is to be preferred to the local anæsthetic.

Pain given to a patient, whether in the dressing of a wound or in the examination necessary to make a diagnosis, is a most fertile cause of unrest. Confidence is lost between patient and surgeon; this is more especially true in children. When I hurt a patient I always feel I am doing or have done wrong. Healthy wounds are not painful; the healing of a wound is a physiological process closely allied to—in fact, it is—growth. Inflammation in our wounds can be avoided, and, if avoided, then pain as a cause of unrest is unknown. Pain is to be avoided by every means in our power. Any movement of the patient is apt to cause pain,

and every endeavour should be made, in the examination of the patient, to avoid pain. Also in the dressing of the wound the avoidance of movement is all-important, and in this connection I can speak very confidently of the value of the many-tailed bandage; the wound can be exposed without moving the limb. It is sometimes used to take the place of an ascending spiral; it can, however, be arranged as a spica or figure-of-8 bandage; any portion of the body can be covered with a many-tailed bandage. It always reminds me of the main characteristic of the British army, each turn working well in unison with the neighboring turns, and each turn having an independent power in itself—for turn read soldier. In fracture of the pelvis it is infinitely preferable to a roller bandage; it can be tightened and loosened without moving the patient.

One of the most frequent causes of local unrest in wounds and the free serous oozing which accompanies it is the use of unnecessarily strong antiseptics. We cannot avoid them altogether. We must use them in a thorough manner for the purification of our hands, of the skin of our patient, and for our instruments, if we have not a sterilising apparatus; but as regards the wound itself, given an aseptic wound to begin with, the less of the antiseptic the better; it is an irritant. A good many years ago, a smart writer in a medical journal said, "Lister's arguments are getting stronger, his solutions are getting weaker." If he had said, "his arguments are getting stronger because his solutions are getting weaker," he would have been nearer the truth. Asepticism is taking the place of antisepticism. The extent to which this can be carried out will depend on the security we feel when we operate on unbroken skin that we have not introduced any cause of fermentration. If we have not this security, we must wash out our wound, after stitching, with an antiseptic, but let it be followed by an aseptic fluid in order to remove the antiseptic—the irritant—or at any rate see that no antiseptic is left in the wound. It has ever to be borne in mind—and this renders the work of the surgeon a more responsible one—that the main danger of contamination is from what is directly put into the wound, rather than from what *falls* into the wound. I am not prepared to allow that a wound is never contaminated from the air, but I am prepared to acknowledge that dirty skin, dirty instruments and dirty hands are the main factors which cause fermentation in our wounds. In an investigation recently conducted in my wards by Dr. Hutton, fifteen different organisms have been found in the air; most of these are undoubtedly innocuous, but some may be hurtful. Never use a sponge twice in an operation, or, better still, never use a sponge at all; gauze which has been boiled and then placed in weak corrosive lotion is better than any sponge.

Another aspect of Hiltonism is the use of absorbable drains, so that the dressing of the wound is not required in order to remove the drain. Pressure and careful apposition of the edges and surfaces, combined with the absence of any irritating antiseptic, have, to a great extent, done away with drainage of any sort; but here I think I have overshot the mark, because if any bleeding occurs, and if the pressure is not accurate, accumulation of blood takes place, and delayed healing is the result. This has lately been one of my main troubles in wounds, and I recall three cases of excision of the mamma within the year in which this has occurred and delayed union. I think the safer plan is drainage for twenty four hours during the time when reactionary hæmorrhage is likely to happen. If India-rubber tubing is used it can be arranged so that it can be removed without disturbance or exposure of the wound; cause the tube to project beyond the wound surface, then the blood and serous discharge pass into the substance of the dressing, and have no tendency to pass along the skin surface to the edge of the dressing. Free

evaporation through the dressing is all-important. Dr. Wearne Clarke has recently brought under my notice a corrosive dressing. in which the outer layer is impermeable to liquids, although it allows of free evaporation. This dressing is made by Robinson and Co., Chesterfield, and from the trial which I have made of it, I think it will take a place in surgical practice. Free drainage and its accompaniment, rest, is best attained in psoas abscess by a posterior opening at the lowest point of the abscess cavity (patient recumbent), in the angle between the outer edge of the erector spinæ and the crest of the ilium. From this opening we can sometimes reach the diseased area in the bodies of the vertebræ, and remove necrosed fragments of bone. So also in retropharyngeal abscess; an opening posterior to the sterno-mastoid muscle acts in the same way. In both these forms of abscess the aseptic management of the case is more easily carried out than when the opening is anterior. I have followed this method of treatment since 1876, and beg to recommend it to the profession.

Use leaden splints to steady limbs after amputation and excision. Shape the splint so that it can be unfolded without moving the limb. Anchor the arm by the side with a leaden splint after excision of the mamma. Apply your pressure firmly, but always leave a distal portion of the limb exposed, so that, if it swells, then the pressure is overdone and the bandage must be loosened. We know pressure is properly applied to any part if it fulfils two conditions, painlessness and non-interference with the blood current through the part.

Horsehair stiches are valuable, combining rigidity and elasticity, rigidity acting as a splint, steadying the edges, elasticity enabling them when cut to be removed without pain. After cutting a stitch, lay hold of the knot and pull towards the side on which the loop has been cut; in this way all strain on the edges of the wound is avoided.

A plaster applied over a boil in its early stages acts as a splint, steadies the part, and relieves pain. The boil is frequently aborted by this simple means.

These, gentlemen, are simple things, and I feel as I write that I owe an apology for their simplicity. They are, however, all illustrations of the effect which Hilton's work has made on my practice, and I hope they will be pardoned.

The value of extension in the treatment of fractures of the lower extremity is universally acknowledged; we have only to take care that it is not overdone. I do not think it is sufficiently often used in fractures of the upper extremity or after excision of the knee and elbow.

In fractures, injuries, and diseases of the spine, in sacro-iliac disease and in fractures of the pelvis, the use of double extension is also of undoubted value. I have used it since 1877 in these conditions, and I can recommend it with confidence. It may be used in three ways: (1) the patient horizontal, and a weight applied to the limbs, with a counter-extending weight to the head; (2) the head of the bed raised, a weight to the head, and the body acting as the counter-extending force; (3) the foot of the bed raised, a weight applied to the limbs, and the weight of the body acting as a counter-extending force. It is most valuable in the mobile portions of the spine—the cervical and lumbar regions. In dorsal disease, the first method is mainly used. In cervical disease, the second method is used; in lumbar disease, in sacro-iliac disease, and in fractures of the pelvis, use the third method. As the pain subsides, rotation must be prevented by the double long splint when the disease involves the lumbar, dorsal and pelvic segments. In the cervical region fix the head with a oollowed sand pillow or with a poroplastic splint, or with Fleming's india-rubber collar. Treves has demon-

strated the value of rest in enlargement of the lymphatic glands in the neck by a similar contrivance.

In all cases in which complete rest of the trunk is called for, use a thick and firm mattress made in three pieces, the central portion of which can be withdrawn for the performance of the acts of defæcation in both sexes, and the act of urination in the female. The prevention of bedsores by the facility with which the sacrum and buttocks can be examined, and the dressing of these sores, when they do occur, is greatly facilitated by the tripie mattress. In the diagnosis of injuries in the region of the hip, the use of Nélaton's line has been given up in my practice, because in order to reach the ischial tuberosity necessary for estimating the line the patient has to be moved. Its place is taken by noting the want of parallelism between two tapes, one passing through the anterior superior spinous processes, and the other through the tips of the great trochanters of the femur.

On the arrest of hæmorrhage we have a valuable paper by Dr. Milne Murray in the *Edinburgh Medical Journal* of August and September, 1886, on the explanation of the action of hot water, which well illustrates rest. He shows that the general shock and the local reaction are greatly lessened after using hot water, as compared with the former method by means of cold. In epistaxis prevent the air passing through the nasal cavity by tightly grasping the nose, and the epistaxis will frequently cease, the part being kept at rest.

In cranial surgery, in the curved incision, as suggested by Mr. Victor Horseley, we have a means of restoring a flap to cover and give support to the denuded brain tissue or dura mater. In intracranial hæmorrhage, intra- and extradural, we now feel justified in cutting down and arresting the hæmorrhage by ligature, or by the hot douche, and from one case in which I operated on a person, comatose, with Cheyne-Stokes respiration, and a pulse of forty to the minute and on the point of death, I feel justified in recommending that, in apoplexy, an opening into the cranial and dural box is a justifiable surgical procedure, giving rest by relieving tension. This patient was shown by Dr. Smart at the Medico-Chirurgical Society of Edinburgh in June of this year.

In spasmodic wry-neck we have the patient in constant unrest. What relief is given by excision of a portion of the spinal accessory nerve! In March, 1881, I showed a case at the Medico-Chirurgical Society of Edinburgh. From the result in that patient, and from similar cases which I have seen since 1881, I think the operation well worthy of more extended trial.

In rectal surgery gradual dilatation of the sphincter ani before operations gives rest after the operation, as it is followed by a temporary paresis. In colotomy the inguinal region is preferable to the lumbar, because mental worry is avoided by making an artificial anus in a situation which the patient himself has under command. In lumbar colotomy the *cul de sac* between the rectal stricture and the opening in the colon fills with fæces and causes unrest. In inguinal colotomy, if the opening is intended to be a permanent one, I bring the whole lumen of the sigmoid flexure out as a loop through the wound in the wall and fix it there with long pins passed through the abdominal wall and mesocolon, and again through the abdominal wall, bringing the parietal peritoneum in contact with the visceral peritoneum. Stitches are a source of unrest: simple apposition is all that is necessary to obtain firm union.

In the ligature of internal piles the division of the mucous membrane at the anus with scissors before transfixion and ligature and tying the ligature tightly so as completely to strangulate the pile are both means which diminish pain after the operation. The pile mass dies without any inflammation, it dies of dry pain-

less gangrene. If this had been more frequently attended to, we should have heard less of other methods of treating internal piles. While I say this, I desire most emphatically to express my complete accordance with Whitehead's view, that in cases in which the whole circumference of the gut is affected excision is the most thorough and satisfactory method of treatment.

There is no organ in which the value of rest is better illustrated than the bladder. In disease its systole and diastole can be checked in different ways, and the cystitis caused by the unrest, as evidenced by frequency of micturition, is relieved. This can be done by fixing a gum elastic catheter in the bladder, taking care that the eye of the instrument is just within the cavity and attaching to the catheter an india rubber tube which passes into a vessel at the side of the bed. In 1877, I showed that if the tube passes under water and if the instrument and tube are full of fluid there will be, by the siphon action of the arrangement, if the water in the vessel is at a lower level than the bladder, a head of water, which, by its suction will remove the water from the bladder, as it passes from the ureters. The amount of suction will depend on the difference of level, and I have found by experience that a foot of fall is generally sufficient to keep the bladder empty. If the fall is greater, then the mucous membrane is apt to be sucked into the eye of the instrument, and a block takes place, the bladder filling with urine. When this happens, pain will at once be felt by the patient; in fact, his sensations are the best guide to the height at which the vessel at the side of the bed should be placed. By this simple means we can give the bladder rest. In external division of stricture of the urethra the same means can be used to keep the wound absolutely dry and facilitate healing. We can also rest the bladder by perineal or by suprapubic cystotomy. In either case the bladder collapses and the viscus gets rest. In intractable cases of cystitis in the female the suprapubic opening deserves further trial. In connection with the bladder may I remind those present of the debt we owe to Bigelow for showing us that the unrest after lithotrity is due to fragments of stone left in the bladder after crushing, and how important it is to crush and remove entirely all the fragments at one operation?

In hæmorrhage from the bladder or prostate a suprapubic opening arrests the hæmorrhage, the cause of which is the contraction of the bladder, which at once cease when the bladder is opened. The hæmorrhage during the operation may be checked by the use of the hot douche.

In vesical hæmorrhage the mere washing out of the bladder with hot boracic lotion often checks the bleeding—in fact, hæmorrhage from any cavity is most easily and satisfactorily checked by the hot douche.

In tracheotomy, Hilton points out the value of rest to the inflamed larynx. One of the main objects of the surgeon is to prevent any blood getting into the trachea, and thence to the lungs, where it is the most fertile source of unrest, setting up pneumonia, the common cause of death after tracheotomy, when the death is not due to the disease for which the operation was performed.

In the treatment of cut throat, if we perform tracheotomy at once, and accurately unite the wounded surfaces, we obtain more rapid healing because the wound is not used as a funnel through which the air is admitted to the lungs. Movement of the parts is reduced to a minimum; the part, in fact, is kept in a state of rest, encouraging and facilitating healing.

In the application of a bandage to varicose veins, let us see that it is applied before the patient gets out of bed, and taken off after he is in bed; so also in the application of a truss in hernia the same rule must be constantly followed. Allow the veins to fill, or the hernia to come down once in twelve hours, and the ban-

dage or truss ceases to act as a curative, and only acts as a palliative agent. We allow, by the vein filling or the hernia coming down, a temporary unrest which does away with the good of the previous twelve hours' support of the retentive apparatus. It is well to note that continuous gentle elastic pressure will often act most efficiently, painlessly, and restfully in reducing an irreducible hernia, a prolapse of the rectum or a paraphimosis.

I might multiply examples, but I have given enough to illustrate my subject. I have endeavoured to expound the healing doctrine of rest. It has been my privilege to point to John Hilton as one of its great expounders, who has, more than any one else, impressed me with its value in surgery. I am anxious that anything I may have said will in no way interfere with the necessity, for those who have not done so, of a careful perusal of his work. You will not agree with many things he says. Take comfort in the thought that it must be a poor book with which you are entirely in agreement, its stimulating effect on you will be absent. After you have read the book you will grant that in him we have a careful observer and a conscientious worker, and one whose methods we will do well to imitate.

Before I conclude I would wish it to be understood that there is another side to this picture, or perhaps it may be the same picture looked at from a different standpoint. It is that much harm may be done by too excessive attention to rest. Evil may result from too prolonged rest. Mechanical rest may, in one sense, be antagonistic to physiological rest. Mechanical rest, in many cases, must be interfered with in order to attain physiological rest. An example will best show my meaning. Immediately after, an injury the effusions into the tissues may, by their presence, interfere with the normal blood current through the part. At a later date these effusions are replaced by organized material which will also act in the same way. The nerve equilibrium will also be altered. The part will then be, from the vascular and nervous side, in a state of physiological unrest, and this unrest will be intensified by prolonged mechanical rest, because, unless there is a normal blood current, the effusions and fibrous material will not be removed. It is therefore necessary that, while we maintain mechanical rest after a part is injured, we should at the same time adopt some means to remove these products. It is here that massage is so valuable; lightly applied it has a marked soothing influence on the nerve disturbance; more strongly, though still gently applied, it will get rid of the effusions by causing a temporary congestion and free flow of blood through the part; still more strongly applied, it breaks down fibrous adhesions and gets rid of the pain felt in certain movements of the limb. While the massage interferes with the mechanical rest, it acts directly in relieving the physiological unrest. Experience alone will tell how far we can go with massage in order to attain the one object—the physiological rest—while at the same time we avoid doing harm by its over-use by interfering with the mechanical rest. In acute sprains and strains it may be begun at once, gently, night and morning, using elastic pressure with wadding and a flannel bandage in the intervals of the massage. In sub-acute cases it may be used more freely, wearing an elastic bandage in the intervals, along with limited use of the injured limb. In chronic cases, which are non-tuberculous, adhesions may be freely broken down, often giving immediate relief after months of partial impairment of usefulness.

I am also strongly of opinion that in fractures near joints, as in Colles's and Pott's fracture, massage may with advantage be begun within a week, with the result that while the repair of the broken bone is in no way interfered with (I rather think it is aided), the limb is a useful one at a much earlier period than is

the case if, as in the orthodox treatment, the limb is kept absolutely quiet for three or four weeks. If we think only of the broken bone and forget the injury to the surrounding soft parts, the result is a stiff and useless limb, which will for a long time be a source of discomfort and helplessness to the individual. It is a question exercising my mind whether we should not apply gentle massage in all fractures, as a matter of routine practice, so long as we can do so without displacing or causing movement between the broken fragments of the bone. The use of extension during the massage applied to the limb beyond, renders this method much more feasible than it formerly was when we depended entirely on splints applied at the seat of fracture commanding the joints above and below. It is interesting to note in this connection that no fractures heal more kindly and quickly than broken ribs, in which it may truly be said that during the whole process of cure the act of breathing is keeping up a constant gentle movement, a nature's massage, which in no way interferes with the union of the broken bone.

In breaking down adhesions in old standing cases of fracture, sprain, or strain, one must act in a decided manner. Their presence is associated with limited movement, pain on movement, or pain on pressure, and the use of firmly applied rotatory massage, or the sudden stretching of the tissues which are matted together, often gives immediate and lasting relief.

In the case of nerve stretching in sciatica, the cases which are benefited are, in my opinion, those which may be called trade sciaticas, due to some special position adopted in the special trade pressing on and irritating the sciatic nerve. You freely stretch the nerve, but do not interfere in any way with the sensory and motor functions, and the pain is relieved by breaking down the fibrous adhesions in the nerve sheath and among the nerve fibrils. May I say in passing that the operation is sometimes a source of psychical unrest to the operating surgeon if he does not easily find the nerve? This unrest is avoided if, in operating, the patient lying on his face, the surgeon will stand on the opposite side to the limb to be operated upon. If he then makes an incision over the nerve at the lower border of the gluteus maximus large enough to enable him to introduce his forefinger, which, using as a hook, he draws towards the middle line of the patient, he will at once find the nerve lying external to the muscles arising from the tuber ischii.

New lamps may have been expected of me to-day; if so, my hearers have been disappointed. "Let us make a stand on the ancient ways, and then look about us and discover what is the right and straight way, and so walk in it." Bacon was fond of quoting this passage, and it has been my motto. I have taken my stand on an ancient way; I have tried to polish and refill an old lamp.

James Hinton, another of my heroes, in one of his letters, writes: "Let me advise just once. I don't like an adviser much; but just this one thing—be reverent where you are ignorant, and attach no weight at all to your naturally feeling sure. We almost always feel sure wrongly—it is our own fate, it is our very being." The speaker to-day may be too sure, and may place too much reliance on rest as the most powerful therapeutic agent in surgical practice, but he can assure you that he has had Hinton's words constantly in his mind as he spoke, and what he has said is offered to this audience in the same spirit in which they were written by that philosophic surgeon. I began with a sentence from Hilton; I end with one from Hinton. These men had something in common. Hilton taught rest; Hinton sought it. In one of his last letters he writes these sad words: "I have tried for too much, and failed; but yet, perhaps, in that my failure God is giving me more than even I tried for. He has opened my eyes at least a little, though I

am blind and foolish still, no doubt. I will try and be wiser and look more, and care more what others feel." Strange words from one who spent his whole life for the good of others.

At a time fertile in unrest in religion, politics, and surgery, in the county in which Gilbert White spent his days, in the county in which he wrote one of the most restful—I had almost said *the* most restful—book I know, rest as a thesis is perhaps not altogether out of place, especially when I remember that to many of us this meeting is our annual holiday, our resting stage, and still more especially when I remember that we are enjoying the generous hospitality of the inhabitants of one of the main resting places in this country, where so many get that rest which enables them to go back to work with energies renewed and restored by the fresh air and restfulness of one of the most attractive rest resorts in Great Britain.

CONGENITAL RICKETS.

At a meeting of the Section on Orthropedic Surgery of the New York Academy of Medicine, Dr. T. Halsted Myers presented a case of marked rickets, in which it was stated by the mother that the greatly enlarged epiphyses of the tibiæ, femora and radii were present when she first examined the child a few days after birth. The sternum at that time was also abnormally prominent. The mother had been in good health during the gestation, the father was also healthy. No specific history could be obtained. The child, six years of age, presented all the deformities of rickets in a marked degree, except that the head was well shaped and there was a marked increase of the normal dorsal curve of the spine, rather than the dorso-lumbar kyphosis usually found in these cases. An unusual degree of permanent knee and hip-flexion also existed, and the patient, when resting, assumed the hand-to-knee position of Pott's disease. The epiphyseal tenderness seemed to indicate an active stage of the disease. After being nursed nine months, the child had a mixed diet, not especially starchy or lacking in animal fats.—*Med. News.*

BRONCHO-PNEUMONIA.

Mosny, in a paper on the lesions, causes and prophylaxis of broncho-pneumonia, concluded as follows:

Broncho-pneumonia is an acute specific inflammation of the bronchioles and lobules which are involved. Whatever be primary or secondary, and whatever be the lesion which has preceded, the lesions of this disease differ in the different cases only by the variations of a process which is always identical. Only the duration of the broncho-pulmonary inflammation or the virulence of the pathogenic agent can account for differences in the appearance of histological lesions. The lesions, according to their topographical arrangement, show two distinct types: a lobular type, due to the action of the streptococcus pyogenes and alone constituting true broncho-pneumonia and a pseudo-lobular type, due to the pneumococcus lanceolatus of Talamon-Frænkel, which should be distinguished from broncho-pneumonia and classified with simple pneumonia, of which it is a particular form, occurring among children. The gravity of the disease, which is almost the same for all ages, should be considered as follows: (1) In the adult, owing to the rapid generalization of the pulmonary infection. (2) In children, owing to the constant presence of extensive accessory mechanical lesions, atelectasis and emphysema, which narrow the field of hæmatosis and cause death from asphyxia. Broncho-pneumonia is epidemic and contagious. The only way to prevent its propagation is to practise antisepsis in isolation wards for infectious diseases, with which it is constantly complicated.—*Boston Med. and Surg. Jour.*

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

Subscription $3.00 *per annum, payable in advance.*

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JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.

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BALTIMORE, AUGUST 22, 1891.

Editorial.

THE PROGRESS OF HYPNOTISM.

Whatever may be thought of the interest and enthusiasm which the introduction of hypnotism as a therapeutic agent has created in foreign countries, it is quite evident that in this country its progress is slow; it seems to "hang fire," as it were. Many physicians apprehend that there may be a great deal of power in the method, but they wait and wait, and it does not "go off" as successfully on this side the Atlantic as on the shores of sunny France.

One is very much inclined to cast about for an explanation of its ill favor among English-speaking races. The physician who attends the marvelous clinics of Paris and Nancy watches the manifold applications of hypnotism to all sorts of diseases (especially those of the nervous system), who has even himself wrought astonishing "cures" upon the patients of those cities; comes back to America full of enthusiasm over this therapeutic agent, and floods the society programs and the medical journals with dissertations concerning the history and applications of hypnotism. But soon his ardor seems to cool. He is not very successful in his efforts to hypnotize patients here, and finds fewer cases in which it seems desirable to try this agent. Little by little he loses interest in it as a practical means of healing.

Can this be due to some difference in the nervous or mental constitution of Americans, or is it the result of want of faith and sympathy on the part of the patient or friends, or should it be ascribed to some inherent weakness in the agent itself? Is the remedy to be interred finally by the side of "Braidism" and "mesmerism," after lingering for a while in the hospitals of France?

Certainly it will not secure a foothold among the physicians of this country unless its beneficial influence upon American patients is very clearly and decidedly proven. And this, because by its very nature it is calculated to arouse anxiety

and hostility in the mind of careful men. The control of one person's will and actions by another is a thing which necessarily excites apprehension among those who guard the morals and the lives of the nation. And how can medicine employ an agent which seems to owe its potency to surrender of and enfeeblement of the human will, when her true mission is to strengthen the mental powers, to encourage self-control, and to establish the will, the judgment and the conscience in their natural supremacy over the emotions, the passions and the various impulses which are received from within and from without the body? Shall a science, which is among the noblest fruits of liberty of thought and sincere pursuit of truth, ally itself to superstition, falsehood and instability of mind?

In some quarters there is a tendency manifested to abandon hypnotism as a therapeutic agent, but to retain it as an aid to the study of the "structure of the soul." Whether it will lead to any more intelligent understanding of those mysterious conditions or processes which we call "consciousness," "individuality," "memory," "sleep" and the like, time alone can tell. For the present the physician may well content himself with the exercise of those simpler forms of "suggestion," "faith-healing," "mind-cure" and moral control, which go well with a true and honest employment of material agents, and have ever, from the foundation of the "healing art," to the present day, been associated with the progress of freedom, intelligence and moral vigor. To the scientists of other lands and to specialists in nervous and mental diseases, he may leave for the present the development of the mysterious powers ascribed to hypnotism.

Reviews, Books and Pamphlets.

Lectures on Tumors. By JOHN B. HAMILTON, M. D., LL. D. Detroit: George S. Davis. 1891.

Cancer of the Cervix Uteri in the Negress; with Pyo-Physemetra. By HOWARD A. KELLY, M. D., Professor of Gynecology in the Johns Hopkins University. Reprint. 1890.

The Steps of the Cæsarean Section; The Do's and the Don't's. By HOWARD A. KELLY, M. D., Professor of Gynecology in the Johns Hopkins University. New York: William Wood & Co. 1890.

Hysteria. By A. F. A. KING, M. D., Washington. William Wood & Co., Publishers, New York.

Transactions of the Texas State Medical Association. 23rd Session, held at Waco, Texas, April 28, 29, 30, and May 1, 1891. Publishers, Clark and Courts, Galveston.

The Treatment of Wounds and Obstructions of the Intestines. By EDWARD MARTIN, M. D., Instructor in Operative Surgery, University of Pennsylvania; Surgeon to the Howard Hospital; Assistant Surgeon to the University Hospital; and H. A. HARE, M. D., Professor of Therapeutics, Jefferson Medical College; Attending Physician to St. Agnes' Hospital, Philadelphia, Pa. Pp. 165. W. B. Saunders, Publisher, 913 Walnut St., Philadelphia. 1891.

Laparo-Hysterorrhaphy as a Means of Cure of Cases of Extreme Prolapse or Retro-Displacements of the Uterus. By W. J. ASDALE, M. D., Pittsburgh, Pa.

The Motive and Method of Electricity in Pelvic Inflammation. By GEO. F. HULBERT, M. D., St. Louis.

Medical Progress.

TREATMENT OF CONSTIPATION IN CHILDREN BY ABDOMINAL MASSAGE.

Karnitzky describes this method of treatment, in both acute and chronic constipation, in children from eight to eleven years of age.

He concludes that abdominal massage may produce effects upon the alimentary tract, in connection with digestion, which are not inferior to those produced by purgatives. Habitual constipation may be easily cured by massage without the aid of purgatives, and the more readily, the younger the child. The younger a child is, the milder should the manipulations be, and the shorter the *séances*, which should be from three to ten minutes, according to the age of the patient. Longer *séances* are inadvisable, and may even be harmful and aggravate the condition of the patient. Abdominal massage may be regarded as the best means of treating constipation in children. Purgatives should only be used in exceptional cases.—*Boston Med. and Surg. Jour.*

METHODS FOR THE ADMINISTRATION OF AMYL-HYDRATE.

A teaspoonful of amyl-hydrate may be taken at night in a small glass of beer. It should be stirred for several minutes to insure solution. Or, of the following, one half be taken at night.

℞—Hydrate of amyl . . . . . ʒ i.
Water)
Orange-flower water) . . . . . āā ʒ ij.
Syrup of bitter orange . . . . ʒ j.

It is necessary to remember that amyl-hydrate dissolves slowly in water and beer (one part to eight).

Amyl-hydrate may also be taken in capsules, each one containing one-quarter of a drachm; three or four of these may be used for a dose.—*Nouveaux Remedies.*

BEER VERSUS WINE.

An investigation was recently made in Munich to ascertain the effects upon the health of excessive beer-drinking. The men and women who keep beer places in Munich, as the heaviest beer consumers in the world, were the subjects of such a medical investigation last spring. The average lifetime of persons in Munich who pass the twentieth year in good health is fifty-three years. The average lifetime for proprietors of beer saloons is 51.35; proprietresses of beer saloons, 51.95; brewers, 42.33. In the same city, inquiry has shown that the male proprietors of wine rooms live but forty-nine years, and women who keep wine rooms but forty-seven.—*Med. Rec.*

AN ADDITION TO THE THERAPEUTICS OF EPILEPSY.

Almost countless drugs and combinations of drugs have been used in the treatment of epilepsy, with the result that the various bromides, either singly or combined, have so far given the best results in relieving this distressing disease. Dr. Charles S. Potts has sought some drug which would be equally efficacious in less-

ening the number of epileptic seizures and at the same time not cause the disagreeable symptoms which may follow the persistent use of the bromides. With this end in view, various drugs, as antipyrine, antifebrin, and bromide of ammonium were separately tried, but with indifferent results, until Dr. H. C. Wood suggested the use of antipyrine and bromide of ammonium in combination. Since then this mixture has been used with excellent results in the treatment of forty-three cases of idiopathic epilepsy. In none did it fail to cause marked amelioration of the symptoms, and in some it gave relief when all the other commonly-used remedies had failed, and in none has there been any indication of bromism, or of the disagreeable symptoms to which antipyrine sometimes gives rise. For adults the dose, which is given three times a day, contains six grains of antipyrine and twenty grains of bromide of ammonium.—*Univ. Med. Mag.*

A PURGATIVE FOR CHILDREN.

℞.—Castor Oil . . . ʒiv.
Infusion of coffee . . . ℥ij.
Powdered sugar . . . ʒv.
Yolk of egg . . . No. j. M.
Make an emulsion. —*Boston Med. and Surg. Jour.*

THE TREATMENT OF AMENORRHŒA AND DYSMENORRHŒA BY APIOL.

According to Dr. Delmis, apiol is the active principle of the seeds of parsley. It is an oily fluid of an amber color, heavier than water, having a special odor resembling that of the seed from which it is obtained; has a piquant acrid flavor: insoluble in water, soluble in alcohol and ether, and in chloroform. It was at first supposed to be a succedaneum for quinine, but observation has not confirmed this. The experiments of Joret and Homelle have pronounced it to be a valuable emmenagogue. These observations have been confirmed by many other authorities, which are enumerated. In a physiological point of view apiol is absolutely innocuous. In doses of from fifty centigrammes to one gramme it produces slight cerebral excitement, such as is caused by coffee. In doses of from two to four grammes it produces drunkenness. With reference to its therapeutic action it has an effect on the uterus analogous to that of digitalis on the heart. To produce its full effect it should be given shortly before each period.—*Le Progrès Medical.*

INCOMPATIBLES OF ANTIPYRINE.

According to Millard and Campbell, the following substances produce precipitates when added to aqueous solutions of antipyrine: Carbolic acid in saturated solution, tannin (a white insoluble precipitate) mercuric chloride (a white precipitate soluble in an excess of water), infusions of cinchona bark, catechu, rose-leaves, uva ursi, solution of extract cinchona-bark, tincture catechu, tincture cinchona, tincture hamamelis, tincture iodine (a precipitate soluble in water), tincture kino, tincture rhubarb. The following substances produce coloration when added to aqueous solutions of antipyrine: Hydrocyanic acid, dilute solution, yellow: nitric acid, dilute solution, weak yellow; ammonia-alum, dilute solution, dark yellow; amyl nitrite, acid solution, green; nitrous ether, alcoholic solution, green; copper sulphate, green; ferrous sulphate, yellow brown; ferric sulphate, blood-red; ferric chloride, blood-red; syrup iodide iron, red-brown.—*Med. Rec.*

BONE-GRAFTING IN THE SKULL.

At the last meeting of the Académie de Médecine, M. Ricard, who is replacing Professor Verneuil at the Hôtel Dieu during that surgeon's vacation, presented a patient from whose frontal bone a large fragment had been removed for a sarco-

matous growth. The breach of bony surface had been, at the time of the operation, repaired by the transplantation of the iliac bone of a dog, strict antiseptic rules having been observed. Immediate and complete union occurred, without pain or any reaction. The patient was discharged on the tenth day, and now, three months and a half after the operation, the bony union is as firm as ever.—Paris Cor. to *Lancet*.

Medical Items.

A bequest to the Rhode Island Hospital of about $70,000 is contained in the will of John W. Smith, recently offered for probate.

It is reported that influenza has appeared as an epidemic in Moscow, and that many persons are each day reported as incapacitated by it.

The second Congress of Cuban Physicians will be held in Havana in January next, under the presidency of Dr. Juan Santos Fernandez.

A physician in Covington, Ky., sent a bill to one of his patients, which so angered the man that he assaulted the doctor and injured him severely.

The Alvarenga Prize for 1891, of the College of Physicians of Philadelphia, has been awarded to Dr. L. Duncan Bulkley, of New York, for his essay on Syphilis Insontium.

The Lancet records the death of Sir Harry Hammerton Hewett, Bart., only son of the late Sir Prescott G. Hewett, at the age of thirty-seven. The baronetcy now becomes extinct.

Dr. H. M. Whelpley, professor of microscopy in the St. Louis College of Pharmacy, has been elected professor of physiology and histology, director of the histological laboratory and secretary of the Missouri Medical College.

The Société Médicale des Hôpitaux offers a prize of 1200 francs ($240) for the best essay upon the Artificial Feeding of Infants. Papers in competition must be in the hands of the secretary of the Society before the first of July, 1892.

By the will of the late Rev. C. W. Morrill, the House for Consumptives gets $5,000, and St. Mary's Hospital $5,000. By the will of the late David Stewart, St. Luke's Hospital gets $5,000. By the will of the late Isaac H. Frothingham, Brooklyn Hospital gets $2,000.—*Med. Rec.*

A petition is to be presented to the next Legislature of Connecticut, praying for the passage of a stringent law regulating the practice of medicine. For the absence of any effective medical law, Connecticut, Massachusetts and a few other States are now conspicuous.

Dr. Henry V. Wilson, recently in charge of the United States Fish Station at Wood's Holl, Massachusetts, has been elected professor of biology in the University of North Carolina. He will at the same time be Assistant Shell-fish Commissioner for the State, and scientific expert to the Commission.

A meeting of the surgeons to the Pennsylvania Railroad has been called, at Cresson, Pa., Thursday, September 3rd, for the purpose of organizing the "Pennsylvania Railroad Surgical Society." Information concerning the proposed society may be obtained by writing to Dr. I. P. Klingensmith, of Blairsville, Pa.

In every case of hysteria, whatever be the condition of the locality giving rise to the special symptoms, there is a pathological condition of the central cortical cells, and to these you must address your attention if you hope for success in the treatment. You cannot afford to scout the idea of disease simply because the peripheral lesion does not correspond to the symptoms existing. Disease just as important and far more troublesome is present, and will require the skill of the most expert for its mastery.—*Lancet.*

Over-venturesome mountaineering has claimed this season its full quota of fatalities. Intelligence has just been received of the finding in a crevice of Mount Pilatus, of the body of Dr. Kalstem, a medical man from Berlin. He had been staying with his wife at Alpnach, and had left there about a month ago to make an ascent of the mountain by night. All search for him was without result until Monday last. The condition of the body, which was in an advanced state of decomposition, with the skull and almost all the bones broken, shows that the unfortunate gentleman must have fallen over one of the high precipices of the mountain.—*Lancet.*

A board of Surgeons for the examination of candidates for admission into the Marine Hospital Service will be convened at the United States Marine Hospital, St. Louis, Mo., October 12, 1891. Candidates for examination should make application to the Surgeon-General, U. S. Marine-Hospital Service, Washington, D. C., as early as practicable, and should enclose testimonials from at least two reputable citizens, preferably physicians, as to their professional and moral character. No person will be considered eligible for examination, whose age is less than 21, or more than 30 years, or who suffers from any physical defect which would be liable to impair his efficiency or incapacitate him from duty. The candidate must be a graduate of a medical college of good standing, as evidence of which his diploma should be submitted to the board.

At Marlborough House, on Monday last, the Prince of Wales presented the Albert medal of the Society of Arts to Mr. W. H. Perkin, "for his discovery of the method of obtaining colouring matter from coal tar, a discovery which led to the establishment of a new and important industry, and to the utilisation of large quantities of a previously worthless material." Also to Sir Frederick Abel, "in recognition of the manner in which he has promoted several important classes of the arts and manufactures by the application of chemical science, and especially by his researches in the manufacture of iron and steel, and also in acknowledgment of the great services he has rendered to the State in the provision of improved war material and as chemist of the War Department." The medal awarded to Mr. Perkin was for the year 1890; that to Sir Frederick Abel was for the present year.—*Lancet,* Aug. 1.

The (preliminary) census report shows that the population of England and Wales was 29,001,018 on April 6th last. This was 703,350 less than it would have been had the previous rate of increase been maintained during the decennial period, 1881 to 1891. An error has in consequence been made in calculating the recent annual death rates. This, however, is not very large. The death rate for 1890 was estimated as 19.2 per thousand persons living. We find that the number of persons living was over-estimated. The true death-rate was consequently 19.6 per thousand, but even this somewhat larger figure compares favorably with the mortality statistics of other European countries. An interesting point brought out by the census returns is that the growth of the towns at the expense of the rural districts appears to be somewhat

checked. The result of the "city day census," taken on April 27th, shows that 301,383 persons were engaged on the city (an area of about a square mile) on that day—an increase of 40,320 over the number given by the similar census taken ten years ago.—*Med. Rec.*

Cruse has used the fluid extract of hydrastis canadensis with very good results in the night-sweats of phthisis. He gives it in doses of thirty minims, and often finds that the dose does not have to be repeated for some time.—*Med. Press.*

The Albany *Medical Annals* collects the following from "The Annual Report on Laws Regulating Medical Practice," by Dr. R. J. Dunglison. The answers were given to the questions of a State Board of Medical Examiners:

"Extra-uterine pregnancy may be a fungoid groth or tumor fibroid in its character, or any extra groth in the utrous would be called extra-uterine pregnancy.

"A breech presentation may be known by the sense of touch, the buttox being different in formation from the cranium. The anus is different from the mouth, absence of tongue and nose. Get your finger in the inguinal reagion soon as possible and assist your patient by ferm but gental tention.

"The temperature of the system is variable. In health the cuticle stands at 70 degrees."

The Tri-State Medical Association of Alabama, Georgia and Tennessee will hold its third annual meeting at Chattanooga on Tuesday, Wednesday and Thursday, October 27th, 28th and 29th, under the presidency of Dr. Robert Battey, of Rome, Ga. The preliminary programme includes the following papers: Ovariotomy, its Use and Abuse, by the President; The Physiological Functions of the Nose, by Dr. A. B. Thrasher, of Cincinnati; Typhoid Fever complicated with Pregnancy—a Case, by Dr. Andrew Boyd, of Scottsboro, Ala.; The Cure of Pulmonary Tuberculosis, by Dr. Karl von Ruck, of Asheville, N. C.; Intubation and Tracheotomy, by Dr. Gilbert I. Cullen, of Cincinnati; Oxygen Gas and Creasoted Oil in the Treatment of Phthisis, with the Report of a Case, by Dr. J. F. Lynch, of Sanford, Fla.; An entirely New and Successful Treatment of Gonorrhœa and its Sequences, by Dr. G. W. Broome, of St. Louis; The Physiology and Chemistry of Therapeutics, by Dr. G. W. Drake, of Chattanooga; Report of a Case of Neuromimetic Trouble, by Dr. E. E. Kerr, of Chattanooga; Report of a Case of Epilepsy cured by Operations on the Eye, by Dr. H. Crumley and Dr. Frank Trester Smith, of Chattanooga; Evolution from a Scientific Standpoint, by Dr. J. P. Stewart, of Attalla, Ala.; Angina Pectoris, Dr. C. W. Townes, Chattanooga.

Following the example of the State of New York, where a similar law was passed in 1890, the State of Maine has passed the following law, which has been approved by the Governor.

Section 1. Should one or both eyes of an infant become reddened or inflamed at any time within four weeks after its birth it shall be the duty of the midwife, nurse or person having charge of said infant to report the condition of the eyes at once to some legally qualified practitioner of medicine of the city, town or district in which the parents of the child reside.

Section 2. Any failure to comply with the provision of this act shall be punishable by a fine not to exceed one hundred dollars, or imprisonment not to exceed six months, or both.

Section 3. This act shall take effect on the first day of June, eighteen hundred and ninety-one.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 18. BALTIMORE, AUGUST 29, 1891. NO. 544

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THE RELATION OF IMPERFECT SURGERY TO THE SEQUELÆ OF PELVIC AND ABDOMINAL OPERATIONS.*

BY JOSEPH E. HOFFMAN, M. D.

So much has lately been said and written relative to the results, and, therefore, to the justifiability of abdominal and pelvic operations that it is necessary for the candid critic and honest operator to stop and consider what on the one hand is the exact status of the repentant critics and of their changed attitude toward the position and merits of surgery, and on the other how far inexact methods are accountable for some of the failures and misfortunes of what would otherwise be a field of almost unprecedented brilliancy and encouragement in the results that have been obtained in this branch of surgery.

In the first place it is to be noted that of all the men who have gained prominence in any of the various domains of surgery in general, not one has abandoned that specialty from a surgical standpoint in order to treat it empirically by any method. Sir Henry Thomas, for instance, has not departed from the exact surgery of the bladder in order to destroy its calculi by solvents or electricity; Mr. Macewen, bone surgery; or Schaeffer, orthopædics. What is meant to be here illustrated is that when a man has once chosen a specialty and worked up to that specialty by an experience gained by natural selection and application, his specialty has become so much a part of him that its abandonment is just as impossible as

*Read before the Philadelphia County Medical Society.

the negation of the laws of gravity. His training makes it the law of his mental gravity, and the same laws apply to it as to weight and inertia in the physical world. The greater his experience, the longer his training, the more certain is he in regard to the limitations, the requirements, the possibilities of his work, and as a result of all this, his position, when taken, is an entrenched one, from which he is not to be moved and made a weathercock of every shade of opinion, whether of madmen, fools or philosophers, for none of these are apt to speak from a practical experience, in surgery at least, and practice, not theory, has made surgery what it is.

That there are specialties in surgery has come about by the consensus of opinion among surgeons in general, and physicians, strictly so-called, that there is need of them. The specialist in any branch is the living embodiment of the necessity of his work. To whom then is the title of "specialist" to be applied? In each branch confessedly, to those who work conformably with their expressed sentiment, or if not teachers whose line of procedure is uniform and the result either of their own experience wrought out by laborious painstaking, or conforms with that of other expert workers in the same line.

To that class of see-saw workers who anon are this and anon are that, the name specialist should be applied. For accurate exact surgery, we cannot look to the electrician or the dabbler in it. If one condemns a procedure to-day and extols it to-morrow we are brought to the point of inquiry, which view is correct, which has the vantage of observation? or perhaps, is either expression of any value whatever? or is the change made like that of the sleight-of-hand man to puzzle his audience and bring in a set of new admirers to be pleased by the rare and startling exhibition of surgical acrobatics, a surgery in which the constant is differentiated out of sight by the variable.

These inquiries and lines of thought are suggestive of some of the causes we have to consider in the relation of imperfect work to the sequelæ of abdominal and pelvic surgery. What has been said of experience as a necessity for a firm faith in the necessity of any special branch of work, is true with just as much force when the ability to do such work is considered. The appalling eagerness with which men with only a diploma as a justification and a safeguard from the hand of the law to do abdominal surgery is one of the startling features in the history of this work. In no other branch of the art has there ever been any approach to such audacity. That fools rush in where angels fear to tread has never been more aptly illustrated. Training has been, nay, still is, rejected, while the work is sought, and if the case is found willing to be offered up as an offering to the prurient itch of a surgical pretender, the case is at once reported as a wonderful cure in the hands of the youthful aspirant, or if unsuccessful is recorded, heralded, and posted up as a warning against all surgery in general, and against that surgeon in particular who has been rash enough to loan both his instruments and experience to a neophyte with no other experience than ingrown toe-nails and vaccination, now hiding and excusing himself and his failure behind the experience of the too easy friend, who by a mistaken kindness has martyred both himself and surgery and done both an irreparable injury.

I take it that it should be the rule of all surgeons to assist no one who has not studied, observed and assisted in such work. There is no excuse or reason here for men to begin with all the faults and errors of the early operators, and again work out the technique of this branch of surgery in a series of failures and calamities that once well-nigh led to its abandonment. The work of such men cannot be other than imperfect, and must reflect upon surgical interference in these affections in the minds of the uncritical and unthinking. Another class of

operators to be carefully watched, is those who, by fair means or foul, are bound to attain prominence. These men have lain in wait for operations, as the moonshiner for a cloudy night, to bring themselves into prominence, let us say notoriety. These men have opened abdomens, not to operate, but to do the first step of an operation. I can this moment put my hands on such a case, in whom nothing was found wrong, but there was a chance to perpetrate a pet fad, and the woman is now dragging out an existence after three subsequent operations, all the result of the first unnecessary tinkering. If we are to criticise abdominal surgery, let us not do so with the results of such operators and their methods before our eyes. Let us rather criticise the crude methods and cruder morals, or, if you please, the code that tolerates apprentices and dabblers to do with the bodies of our patients for the like of which we would ruin the reputation of our tailor or well-nigh mob a cobbler. That such surgery has been overdone is just as true as it is that it has no right to be considered surgery at all. And just here it is to be said that among men of this class, I mean those who have done the kind of work just referred to, we are bound to find our latter-day conservatives and repentants. Of all those who have gained and kept a name as foremost in the rank of abdominal surgeons, we find no recanters. These are almost always to be found in the lines of failure or discouragement or embarrassment. If a man has made blunders he is a fool not to perceive them, or if the real spirit of surgery is beyond him and he feels it, he is bound on one hand to retrieve past misfortune by so-called conservatism, sitting on the pons asinorum watching the stream of surgery flow by, and with it the hopes that he no more has chance of realizing. On the other, having neither the spirit of surgery within him nor the courage to attain it by drill and application, nothing is left for him but to be a dissenter, to decry all surgery as mutilation, nothing justifiable but conservatism. From this standpoint I make the plea that each one of us, before he condemns surgery, its justifiability or its results, shall judge of them all. As sensible men and women, saying that we are in need of surgical attention, to whom shall we go? To the apologists for their work, to those who operated themselves into repentance, who have made an experience only to regret it? Certainly not. Experience and judgment in this work is no more to be gotten in lumps, than can knowledge be bought by the wagonload of books.

If there has not been an antecedent experience from which special knowledge has been differentiated, this special knowledge, though it may be wide enough theoretically, practically is cramped and dwarfed. The wider the general experience, the more exact will be the special. Having considered the class of operators we must look to for errors and repentance, let us look at the work as surgery simply, not in the light of miracles it is supposed and often promised to work. Miracles nothing human can perform. No surgeon has a right to promise an absolutely certain result in every case. I have too frequently heard promised, "The operation will make you a well woman." Patients are persuaded into operation when they should be left to choose it for themselves. I have nothing but condolence, may be contempt, for the surgeon who has to persuade his patients to be operated upon. Herein comes a great deal of the blame of surgery in the abdomen and pelvis. Who ever heard of a surgeon's having to persuade a patient to put a splint upon a broken leg, or a ligature around a bleeding vessel? The indications for every operation should be plainly stated, and the patient or her responsible friends be responsible for the decision for or against operation.

The disasters of operation, on the other hand, ought not to be attributed to the inherent danger of abdominal or pelvic interference. We are to remember that,

as a rule, except in extreme hæmorrhage and in diseases implicating the kidneys, bladder, or ureters, abdominal operations ought to be, as a rule, successful. It is well for all aspiring operators, and for many who consider themselves established, to ponder well the words of Savage. He says: "I think we ought to get into our minds, as a prominent idea, the view that after an abdominal operation a death should be considered to an extent as preventable, and that when one does occur we should hold with ourselves a moral inquest as to the cause, how it might have been prevented, and whether in any way it was associated with aught relating to ourselves." As time goes on, I am more persuaded that in the question of success or failure, less and less depends on the patient, her conditions and surroundings, and more and more on ourselves and the attention to certain details which have been found to be essential. With such a standard as this a man cannot fail to do the best possible work. High ideals, though they never be quite realized, are a safeguard against the nauseating complacency with which certain operators contemplate their woeful results, blaming either Providence or the nurse, allowing themselves to escape unscathed.

It is well, just here, to consider Mr. Savage's expression when he says "Less and less depends upon the patient, her condition and surroundings," for this is at once too wide and at the same time widely true. It is just as evident that patients go on suffering time and time again, until they are hopelessly ill, as it is that, if taken earlier, no matter what their surroundings, they could have been cured. This fact must stand out a perpetual contradiction to those who, in charity advertisements for private aggrandizement, laud in season and out the over-laudatory achievements of hospital surgery. Right here I want to say that the best results that have ever been gotten in this city in a wide series of cases have been done in private houses, many of them having none of the recognized conveniences either for comfort or ideal cleanliness. The room that the patient occupied was often the only clean one in the house, and yet, as a rule, all of these patients get well. We, as operators, have no business to scare a patient into a hospital for our own convenience. By doing so we bring into the chances of her recovery an additional element of doubt.

In estimating the importance of the sequelæ of any surgical operation, we must compare them with the gravity of the condition for which the operation was done. Generally speaking, promptitude in ridding a patient of any surgical disease is a step toward avoiding after-complications as well as primary impediment to rapid satisfactory work. If a patient is suffering from suppurative abdominal disease, which by its presence threatens life primarily by septicæmia, or indirectly by secondary implication of vital organs, the fact that a hernia or fistula remains after operation is no argument either against the advisability of operation nor against the results of the operation. The argument rather rebounds against the critics, and should convince them that early operation, while giving the patient a better primary chance for life, secondarily would leave him in better condition to resist the influences that tend to prevent prompt healing and, therefore, conduce to fistula and hernia formation. To appreciate these and other pathological points, a thorough appreciation of the pathology of pelvic inflammation is necessary. A devotee of the ancient doctrines of pelvic cellulitis has no hope of becoming either a skilful diagnostician in or a surgeon of pelvic disease, since his supposed pathology does not agree with the actual condition of affairs, and hence he is handicapped from the start and the incubus of tradition must be fatal to his progress.

In advanced cases of tubal and ovarian disease, theory will tell him to treat

the disease by derivative measures, aiding himself, possibly, by closure of a cervix, when lo! the patient grows worse in his hands, and is only rescued by the merest chance by final resort to the abdominal section. In such cases it is no uncommon condition in which there is such a generally vicious condition that healthy tissue in which to place a ligature can scarcely be found, and the result is a fistula, through which a ligature ultimately is passed. Here only the most careful technique, of making a good stump, cleaning out necrosed tissue for this purpose, and diligence in using accurately all precautions against infecting the ligature while it is being placed around the pedicle, will prevent the formation of fistula, or at least of the conditions that will result therein. Herniæ are cited as a perpetual menace against the propriety of abdominal operation. Women are said to be worse from them than from their original trouble. In these cases the value of personal opinion goes very little to announce the true condition. The surgeon or the critic of surgery who estimates the value of either medicine or surgery by the reports of the patient will argue from very uncertain and worthless data. Some patients will complain more from a slight hernia than originally they did at the trouble necessitating operation, or at least their complaints are very distinct. In the first they groaned in anguish, begging relief, while at last they repudiate all surgery because they no longer suffer torture at each menstrual period. To this they are frequently encouraged by meddlesome women, who, never having suffered, cannot appreciate the tortures of disease; or by malevolent professional rivals who descend to such indecent methods in order to compass the ruin or professional distrust of the community against the operator. As a rule, herniæ and fistulæ especially should be rare. Hernia is a constant danger in fat women, both of primary owing to the uncertain healing of the fat, and secondarily as a result of weakening the abdominal support. Hence the rule should be in all such cases to keep the patient in bed much longer than is required to heal the incision, and after getting up constantly to wear an abdominal support. A failure so to advise is as culpable as to admit the elastic support over a dislocated patella, and can only occur as the result of sheer carelessness or ignorance of the requirements of this special class of cases. Fistulæ besides resulting from ligatures, may have their origin in lesions of the intestine resulting from the freeing of adhesions. Fecal fistulæ are rarely persistent, almost never so, and in the great majority of cases can be avoided if a careful watch is had over the bowel involved in the adhesions. Here the result of bad work must result disastrously, both so far as perpetuating the fistula is concerned and in doing damage to the intestine. To obtain perfect results the intestine is so to be mended, not only to prevent leakage of its contents, but also to avoid adhesions compromising its function and conducing to obstruction. In this relation the deaths from intestinal obstruction after operation are to be considered. In the hands of experienced operators this rarely if ever happens, and if it occurs it is recognized and relieved. One death occurring from such cause coming under my knowledge was the direct result of placing the patient shortly after operation in the care of a physician without any experience whatever in a surgical way. The complication accordingly was not understood and by the time surgical aid was sought the woman was practically dead. Imperfect after-attention of surgeons eager only to operate has been and will continue to be the cause of much reproach to surgery. Until his patient is out of bed and moving about freely, the surgeon has no right to dismiss her as cured. If a hernia occur after operation it is the duty of the surgeon to explan its nature and make early effort to cure it. The earlier it is cured the less will be the obstacles to permanent relief. To have a patient die of operation for

hernia, the result of the surgeon's own operation, ought to be a calamity almost unheard of. Nevertheless, it ought to be understood that, owing to the size of the sac and the consequent extent of the adhesions, some herniæ are practically incurable unless at a great risk. One such case is still fresh in my memory, in which, after a long relief, the hernia again returned. The woman was very fat, and with the difficulties of a former operation fresh in my mind I refused another.

There is no use in operating and reoperating in unfavorable cases until at last the patient is lost. Surgery nor the surgeon receives credit, while the patient receives no benefit. Imperfect knowledge of how to drain is at the bottom of many failures in the surgery of the abdomen. I once knew the question to be asked by a man following up the matters of abdominal surgery, very far off, to be sure, "How long does the tube stay in—till it smells?" I have seen a tube removed containing more than an inch of coagulated serum, this last in the hands of an operator who ought to know better than now to advise the cleaning of the tube once every twelve hours, or some such long interval. A drainage-tube that needs cleansing or emptying only once in twelve hours had better be kept clean in the bag until it is wanted. Such advice as to the use of the tube is worse than worthless. To be valuable, information must come from those who are informed, not from those who are guessing or using the tube under protest, or because someone else uses it. It is better not used than badly or carelessly used. Drainage and the conditions that require it must always remain a disputed question, but one fact alone must forever keep its opponents on the defensive, and that is that those who advocate it most have had the most experience with it, and that their cases so treated run a most uneventful course, even in most serious antecedent conditions. One point negativing its advantages in some cases urgently needing it, is the semi-delirious condition of the patient during the first few days immediately following operation. These patients are unruly, and their unrest will disturb the position of the tube and render it at once irritating and useless. I have two patients in mind in whom I believe the tube, on this account, would have been a serious disadvantage. In another in whom I considered it advisable, I removed it once when it had become displaced. I shall never forget the anxiety with which I watched over this patient through several days, fearing the oncoming of peritonitis and dreading the necessity of reopening the abdomen.

But if the proper use of the drainage-tube is essential to success, it is to be remembered that crevices created by desultory breaking up of adhesions at the bottom of the pelvis, having no common outlet by which they may drain, are beyond the reach of a single tube; hence, in appendicitis, for example, the careful placing of an additional rubber tube often gives security when otherwise, at the best, the end would be doubtful. A case of my own is here vividly before me and brings out the theory justified by results.

When it is sought to break up adhesions on either side of the pelvis because one side seemingly presents less difficulty than the other, the more difficult should not be abandoned when once begun, unless it is plainly evident that by freeing the simpler side a vantage-point is gained from which to attack the other. Going from side to side but gives two difficulties where but one before existed, and in event of prolonged operation, when completion for the patient's sake must be abandoned or postponed, adds additional complication and takes away some of the chances of recovery. Such methods are common to inexperienced workers, and must be abandoned if good results are desired.

Incomplete operations are at the bottom of much of the criticism made as to the uselessness of abdominal or pelvic surgery. When an operator removes but

one ovary and tube for hæmorrhage of a fibroid, he confesses to the knowing critic his incompetency to deal with the conditions he meets. He is as likely to cure such hæmorrhage by such surgery as to raise chickens from china eggs.

By this it becomes manifest that a lack of resources is fatal to ideal surgery. The surgeon who deserves the name is a man of emergencies. The surgeon in masquerade, like the journeyman actor, tears, not his passion but his patient to tatters. By every operation so done a certain number of women whom surgery might save are frightened and so hindered from receiving the benefits of real surgery.

The easier operations are the bane of the would-be-surgeon. Succeeding in one of these, he imagines he has conquered the whole field and at once rests easy in his assurance. To such men, and their patients generally, absolute failure in their first attempts is a distinct gain, for it frightens them away from the possibility of doing further harm.

Many other points leading to and illustrating the same idea, and showing conclusively where mal-operation and needless operation is most likely to occur, and why, could be multiplied. But this is not necessary. It is plain that that operator only is safe who has first learned by a long and painstaking apprenticeship, thoroughly and patiently, the principles of the work he is to perform; who, grounding himself in the principles, has applied them at the side of capable instructors; who, when he operates, does so for the patient's good and not for his own glory. Such a man—such men—must both give their patients their best hope and be the saviors of surgery from its false exponents, who only disgrace it.

The men who get the best results are those who work along safe lines, departing from them as necessity compels, according to the exigencies of each individual case; not those who, from the threading of a needle to the cleansing of a tube or the washing of their hands, strive to be original. Such originality hides real surgery in a multiplicity of details and paraphernalia, and risks the sufferer to exait the operator.

A BRIEF SKETCH OF THREE FAMOUS MOUNTAIN RESORTS FOR CONSUMPTIVES.
(THE ADIRONDACKS, COLORADO SPRINGS AND ASHEVILLE),

BY A. K. BOND, M. D., OF BALTIMORE.

In the following pages I propose to give, not a scientific disquisition concerning the temperature, barometric pressure and average rain-fall of these health resorts, but such an informal description and comparison of their peculiar features as may be read with patience, even on a hot August day, by those whose fate has not given them a personal acquaintance with the regions to which their consumptive patients may be sent for cure.

A trip to the Adirondack Mountains with a pleasure party will ever afterwards be looked back to with delightful remembrance by every traveler who has the love of nature in him. There is not, as in some other trips, a long, dreary railway ride rendered bearable only by the hope that it will soon be over. In the journey to the Adirondacks one passes first through the great cities of Philadelphia and New York. From New York there is a wonderful day's travel either by boat upon the Hudson River or by express train along the populous shores of this deep and narrow arm of the sea, which extends for hundreds of miles northward through the State of New York. As the night closes in upon the tourist, his eyes are every

moment delighted by a new cluster of lights which marks some villa perched high upon the wooded shores or some sedate town, once a busy whaling port, nestling at the water's edge. Spending the night at Albany, he is, by noon next day, embarking upon the still waters of Lake George, the famous Horicon of Cooper's tales. A sail upon this queen of lakes is itself worth the expense of the whole trip. Set in a circlet of mountains whose forests reach to the very water's edge, anddot ted with little islets whose cottage roofs jut out among the trees, it seems the very ideal of a summer resort. A short journey across the slip of land, the portal through which the Indian tribes of Canada sought to descend upon the settlements of the Hudson, leads to Ticonderoga, whose famous fort, situated at the head of Lake Champlain, is passed soon after leaving the harbor. A new treat is enjoyed as the steamer hastens on her way between the green hills of Vermont and the rugged slopes of the Adirondacks. Reaching the western shore of the lake, a train is taken which bears the traveler quickly into the very heart of the mountains to one of the many summer resorts, or to the famous Sanitarium at Saranac. The Adirondacks present to the health-seeker the attractions of a mountain region clothed with forest of birch and spruce, possessed of a pure and bracing atmosphere, and full of the beauties of crag and lake and mountain torrent, which ever invite him to new and healthful expeditions of discovery. A week passed camping out in its primeval forests upon the shores of its beautiful lakes, with days of gypsy life, and nights of undisturbed rest upon a bed of sweet-scented spruce boughs after an evening spent about the lonely camp-fire of blazing logs, will never be forgotten. At the Sanitarium, the inmates not far advanced in phthisis are kept out of doors from morning to night, and encouraged to make the most of the stimulating mountain atmosphere. Even in the coldest days of winter they recline upon the piazza wrapped in thick woolen or fur cloaks and protected by heavy caps and mittens. The pure intensely cold air of the snow-clad mountains does no harm, for the Sanitarium is in a spot sheltered from the winds.

The class of patients encouraged to go to the Adirondacks are those in whom disease of the lungs has just begun to make itself evident. Several young physicians of Baltimore who showed signs of incipient phthisis with bacilli in the sputum have been able to return to their work, apparently wholly cured, after a year's sojourn in the Adirondacks. It is said that the expense of a year's residence at the Sanitarium is not nearly so great as might be expected. Although Saranac is a town of some size, it is probable that there is not much opportunity for a patient to earn his living there.

The trip to Colorado Springs is very much more fatiguing than that to the Adirondacks. Three days and a half of continuous travel, without more than an hour of rest, will tire even an experienced healthy tourist, especially as the most monotonous part of the journey is reserved for the last. One may take a Pullman car in Harrisburg and never leave it until he reaches Chicago. Resting half an hour in Chicago, he may enter another Pullman car on the Rock Island route and not get out of it until it lands him in Colorado Springs. The first part of his journey, up the Susquehanna river and across the mountains, will charm him with the exceeding beauty of its ever-changing scenery. The rich farming lands of Ohio will impress him for a while with their extent and richness, but after that, for nearly three days and nights, he will have nothing to break the dull monotony of the prairie stretches, save an occasional ugly town and the sight of the Mississippi and Missouri rivers. He will expect to climb the wooded slopes of mountain ranges as he approaches Colorado Springs, but he will be woefully mistaken. The Rocky Mountains are clothed on their western side with rich forests, and rise

in magnificent ranges from the fertile fields of California. On this side, all is different. They start abruptly up from the arid table-land of Colorado in parched and treeless masses of gray rock, forbidding, dreary, desolate. The tourist will begin, in his last night of travel, speeding through the fertile fields of Nebraska; he will rise the next morning to look out upon the vast, treeless, unwatered plateau of Central Colorado, which lies some 6000 feet above the sea-level, higher than the highest peaks of the Adirondacks. How he reached such an altitude remains a mystery to him. He is told that in an hour he will be in Colorado Springs. But where are the Rocky Mountains? Upon each side he gazes out upon an endless expanse of coarse, parched grass-plains, broken only by the gravel beds of dried-up water courses. Looking now in the direction in which the train is going, he is made desolate by the sight of a bare wall of rock towering far upward into the sky, with perhaps just enough of scant snow upon its upper crags to emphasize its awful dreariness. In a depression below him, hollowed out between the plateau and the mountain's base, some one points out the town of Colorado Springs, and in a few minutes the train is at its destination.

As he steps from the closed car upon the platform, he feels, or imagines he feels, a peculiar constriction of the chest or some other indication that he is in a high and untried atmosphere. He will perhaps be cautioned by a bystander to walk slowly and, if he ascends on foot the gentle slope of a few squares to the hotel, he may be compelled to stop and rest on the way from shortness of breath. Many healthy persons are thus affected for weeks after their arrival.

Colorado Springs is a thriving city of some ten thousand inhabitants, with electric cars and other evidences of activity. It has no "springs" within its limits. Its soil is as dry as a sand-bank. Out on the plateau over which the traveler came, water may be obtained by sinking artesian wells, but Colorado Springs brings its water in pipes from the "springs," which lie many miles away, in some mountain gorge. As there is not a rain-storm more than once a month (and presumably no dew), the grass plots and trees of the town are watered by irrigation. Every day the water from the pipes is allowed to flow, at certain hours, down the street-gutters, and by the opening of little gates on each side of the street, the yard-swards and trees are given a drink. The weather changes but little the year through. There is pure, uninterrupted sunshine about twenty-seven days in the month. Two of the remaining days it may be slightly cloudy and the third day it may rain for an hour or two, but in a little while the air and the soil will be as dry as ever. Days in which the weather is considered so "bad" by the inhabitants that out-door excursions are postponed, would be considered quite unobjectionable in other parts of our country.

The effects of the climate upon the functions of the body are in the line of stimulation. The heart acts more vigorously, the respiratory processes are quickened; acute diseases are more intense; chronic processes acquire greater activity; there is a desire for greater exertion and a capacity to endure greater muscular strain; the digestion and appetite improve. That very many consumptives are improved and many cured by residence in Colorado Springs, cannot be doubted. Everywhere one meets men, apparently healthy and vigorous, who were going rapidly down into their graves when they were persuaded years ago to come to Colorado Springs. Doctors are practising there who were brought there by friends in apparently hopeless condition. The young men in the hotel parlors compare notes on the change in their prospects of life. Fashionable society in Colorado Springs is said to be divided into two classes—the "dry-lungers" and the "hæmorrhage-ites." The new-comer may, however, find very pleasant associations, for

sometimes a whole family of healthy persons will accompany an invalid, and many such families remain as citizens because they find a pleasant home in this health-resort. All sorts of consumptives may expect benefit, except those whose lungs are very extensively ulcerated and those who cannot bear high altitudes. Persons of the latter class exhibit dyspnœa, palpitations, insomnia, indigestion and coldness of the surface of the body, and will die speedily if they are not removed to lower altitudes.

Those consumptives who will be benefited by the climate have better appetite, sleep better and feel better. All such are warned at the beginning of their residence against yielding to the excitement and desire for exertion, lest they overtax their strength. The heart- lungs and nervous system must be allowed to accommodate themselves gradually to their new environment. Due precautions must be taken also against excesses and indiscretions in food, clothing, etc. The beneficial influences of the climate are variously ascribed to the exceeding dryness and purity of the air and to the evenness of the temperature. Some residents declare that they are sensible of certain peculiar electrical conditions of body whenever they return from a trip away from home. The convalescent may find plenty of amusement in out-door games, and in the expeditions which are daily undertaken to the "Garden of the Gods" and other mountain resorts where wonderful scenic effects are said to be afforded by the grouping of colored rock-masses. The ascent of Pike's Peak, which towers some 8000 feet above Colorado Springs, is a frequent undertaking. Many persons are unable to bear this great altitude and are forbidden to join the stage-parties. In summer the town must be quite prettily shaded by its avenues of trees. The convalescent may find employment in the business activities of the city, or he may go to Denver, which lies a thousand feet lower and a couple of hundred of miles to the north of Colorado Springs, and enter anew into business life there, where the climate is somewhat similar to that of Colorado Springs. Persons who cannot quickly accustom themselves to high altitudes may go first to Denver and after a time up to Colorado Springs.

Patients who depend much for their happiness on home friendships should not go to Colorado Springs, or should take several members of the home circle with them. The longing after friends left behind, the giving up of business interests, the strangeness of the scenery—without forest trees or streams or wayside thickets full of singing birds—produce home-sickness. Even the sunshine becomes tiresome and the patient yearns after the cloudy and rainy days of home. One of the leading physicians in Colorado Springs told me that hardly any of the Baltimoreans who had been recommended to his charge had received much benefit during their residence at the Colorado Springs. He could not explain this fact. The intensity of the homesickness of the exile to Colorado may be gauged by the expressions of delight which my party manifested when, in returning, they caught sight of the first oak trees in the eastern part of Kansas. Although banishment to Colorado Springs is often the best aid to recovery, it may justly be classed with heroic remedies.

Asheville is a town of a few thousand inhabitants situated near the watershed of the Alleghany Mountains in the western part of North Carolina. A Pullman car conveys the traveler in less than a day directly from the station in Baltimore to the station in Asheville. After entering the mountains, the railroad follows for a long distance the windings of the French Broad River, which is famous for the soft beauty of its scenery. Asheville itself is located in hilly country, although in a mountainous district. The visitor does not find mountains wreathed in clouds towering close about his lodging-place as in the Adirondacks. Peaks are seen in

the distance, but the nearer scenery is unimpressive. I should not expect residence in Asheville to cure a case of phthisis. It furnishes, however, a delightful home for persons, especially ladies, who cannot endure very high altitudes or make much exertion in the way of locomotion. Persons who want a pleasant place where they can spend their remaining days, much as at home, yet with the thought that they are still "at a health resort becoming strong again," will be pleased with Asheville. In favorable years its winter days, although changeable as in Baltimore, have often the softness and balminess of those days of early spring when we find the flowers in some sheltered nook opening their first petals to the sun. The invalid is tempted to the piazza or to the still green lawn or may even undertake little expeditions "just like well people." The bracing influences of the Adirondack atmosphere and the intense stimulation of the Colorado air are wanting—there is nothing to stimulate the body cells to throw off or check the progress of the disease.

The Baltimorean finds in Asheville the scenery, the society and (though much softened), the weather to which he has been accustomed, and so is readily contented with his exile from home.

The practitioner, whatever health resort is chosen for his patient, will, in fatal cases, always find some benevolent person who is "sure that the issue would have been different if some other place, where her friend so-and-so was staying, had been selected." The best he can do is to diagnose the disease early, and if possible, send his patient at once to the resort most suited for that special case.

In this article I have attempted to describe certain of the mountain resorts and to point out some points of importance which have been brought to my attention.

Other classes of resorts for consumptives, such as the islands of the sea, are not now under consideration.

TREATMENT OF TYPHOID FEVER.

Dr. Tordeus has been employing with considerable success a treatment for typhoid fever in the St. Pierre Hospital, Brussels, which consists essentially of moderate doses of an antipyretic combined with an antiseptic. Thus ten grains of acetanilid and an equal quantity of resorcin, or about half that amount of thymic acid, are made up into a five-ounce mixture with a compound decoction of aloes, and tablespoonful doses administered every three hours. This was found to exert a remarkable beneficial effect not only on the temperature, but also on the general condition of the patients. From trials made with acetanilid alone, it was evident that the antipyretic effect was almost entirely due to the combination with it of the resorcin on the thymic acid. Several children were included amongst the patients so treated, the doses given being of course proportionately smaller. Dr. Tordeus is of opinion that treatment of a similar description will be found suitable in other zymotic diseases; indeed, he has tried a combination of acetanilid and benzoic acid in measles and in croupous pneumonia, the latter drug being selected in preference to resorcin on account of its possessing expectorant as well as antiseptic properties.—*Lancet*, Aug. 1.

A wealthy lady died recently in the south of France, at the age of eighty-three, so says the *Lyon Médical*, and in her will left to her physician, "in gratitude for his intelligent and devoted care which had enabled her to reach such a ripe old age," everything he would find in her cabinet. When this was opened its only contents were found to be the untouched mixtures, boxes of pills, and other medicaments (still enveloped in paper as they had been sent by the druggist) which had been prescribed for the defunct by her medical attendant during the past ten years.—*Med. Rec.*

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

Subscription $3.00 *per annum, payable in advance.*

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BALTIMORE, AUGUST 29, 1891.

Editorial.

A MOVE IN THE RIGHT DIRECTION.

The Washington County Medical Society held its regular quarterly meeting at Hagerstown, Md., on Wednesday, August 12th. The meeting was not only well attended, but was conspicuous for its thorough interest and active work. After the reading and discussion of a number of good papers, the Society took up the discussion of medical legislation, and after the expression of views and opinions, resolved that it would use its influence during the coming winter in urging the passage of a suitable bill by the Legislature at Annapolis. Much credit is, therefore, due the Washington County Society for putting the ball in motion and for its efforts in the direction indicated. This is a move in the right direction, which should be made by every medical society in the State. If the profession of Maryland wants a law to regulate the practice of medicine, it must be up and doing. The ball is now in motion—let it be given all the momentum that is possible.

ALOPECIA AREATA.

The loss of hair in definite areas, which occurs both in children and in adults, and causes most unsightly baldness, is an occurrence in regard to which dermatologists are still disputing, some considering it the result of disorder of the trophic nerves of the skin, and others ascribing it to the presence and activities of a parasitic organism.

In the *Lancet*, February 28th and March 7th, 1891, Dr. Crocker discusses the subject in an article, which, by its masterful survey of the situation and its clear and simple classification of the facts observed in his extensive practice, strongly inclines us to believe that a true solution of the problem has been obtained.

Dr. Crocker considers that there are four distinct varieties of alopecia areata The first three varieties might be placed under the title "alopecia neurotica,"

since they are all of nervous origin. They constitute about five or ten per cent. of the cases seen.

The *first* of these classes ("alopecia neurotica universalis"), embraces those cases in which there is a general falling off of the hair, sometimes very rapid, accompanied sometimes by changes in—and even loss of—some or all of the nails. Among examples cited is this: A girl, two years of age, had a heavy fall from a window. She did not recover complete consciousness for three weeks. One week after this, the hair began to come out on the left side of the head, and in a week she was quite bald, with the exception of a small tuft at the left occipito-parietal suture. A year and a half later, the hair was returning, leaving circular patches, like incipient alopecia areata circumscripta. Cases of this class are really very rare, but owing to their striking character quite a large number have been recorded in literature.

In the *second* class ("alopecia neurotica localis"), are to be placed cases in which the baldness occurs in one or more patches at the site of an injury or in the course of some particular nerve. There are many such on record, although they form a very small percentage of all cases. In a woman, thirty-four years of age, afflicted with melancholia, Dr. Crocker observed several areas along the left supra-orbital nerve, in which the hair was white, and one of these areas, two or three inches in diameter, was almost bald. Two instances of local baldness on the site of a blow are related by Dr. Collier in the *Lancet*, June 11, 1881.

In cases of the *third* class ("alopecia neurotica circumscripta"), the patches are circular and always small, varying in size from a lentil to a pea; the skin of the part is depressed below the surrounding surface and is often more sensitive than normal skin. This form of disease is very rare and its prognosis is very unfavorable. It is distinguished from alopecia of the fourth class by the depression of the spots below the general surface; the small circumscribed bald spots of the fourth class being level with the skin. In a case cited (of this third class), a man of thirty-five years, in robust health and with no history of antecedent worry, syphilis or other serious illness, had a large number of bare, depressed, pea-sized spots on the scalp, chiefly at the vertex. The hair around them was loose and came out with the sheath attached. The nails were thick, yellow, and partly separated from their beds.

The treatment of these three classes is not discussed.

The *fourth* class, which comprises more than nine-tenths of all cases, is that in regard to the causation of which most doubt has heretofore existed. Dr. Crocker has been led by his observations and microscopic examinations to believe that it s due to the presence of a microscopic organism and that its proper name is that given it by older writers, "tinea decalvans." The patches are generally from half an inch to two inches in diameter, and circular in outline, but they may, from coalescence, become larger and irregular in outline. The first spots are usually seen on the back of the head, but they may occupy any part of the scalp. An infrequent form, which is very persistent, is that of a broad band of baldness,

which may completely encircle the head. This form, which is occasionally serpiginous, may extend very rapidly. In one of Dr. Crocker's cases the hair came off "in zig-zag channels," until the whole scalp was bare. The skin of the bald places is smooth; it is whiter and thinner, and its tissues are more lax than ordinary skin. Dr. Crocker believes that he has discovered in the shape of the hairs a diagnostic mark of this class of cases. He finds, scattered here and there over the affected spots, hairs about one-eighth of an inch long, which decrease in diameter from the free end toward the root. When drawn out of the skin they look, with their bulging roots, very much like exclamation (!), points. As these short hairs are easily removed from the skin, they are found only on recent spots, or at the edges of old spots which have begun to spread again. He has never found them in the first three varieties of alopecia.

Dr. Crocker adduces several considerations which incline him to believe that this fourth variety of alopecia is caused by the same parasite which produces ringworm, or by one which is closely associated with the "trichophyton tonsurans." In the first place, ordinary patches of tinea tonsurans, with twisted hairs full of fungus, may, after prolonged treatment, assume the appearance of alopecia, with short, tapering hairs; in the second place, growths resembling trichophyton tonsurans have often been found at the edges of alopecia patches; in the third place, many recorded observations suggest that healthy persons have contracted alopecia by contact with patches of ring-worm on the scalps of their associates.

Dr. Crocker's theory in regard to the matter is that in cases of "tinea decalvans" the ring-worm fungus is unable, as in ring-worm, to penetrate into the tissue of the hair itself, but, passing down between the root-sheaths, it separates the hair from its nutritive supply and so leads to its atrophy and gradual extension. The fungus is, therefore, to be sought, not in the atrophied tapering hairs of the patch, but in the root-sheaths, which may be drawn out in the extraction of the hairs which grow at the edges of the patch. The explanation of the fact that adults are more subject to alopecia and children to ring-worm lies probably in some hardening process, which renders the hair-substance of adults less pervious to the fungus than that of children. It is quite possible that this resistance to invasion may be acquired also by hair during prolonged treatment with ointments, etc.

"Tinea decalvans" is more frequently found in dark-haired than in light-haired persons. It is feebly contagious. The treatment for it is the same as for tinea tonsurans. Blistering fluid, chrysarobin ointment, bichloride of mercury dissolved in alcohol and turpentine, are all of use. To awaken the dormant energies of the hair follicles, pilocarpine may be carefully given, but as a rule internal medication is useless. Extraction of diseased hairs is always to be recommended.

The surgeons as well as other officers must be treated with respect in the French Army, and breaches of respect on the part of subalterns are severely punished. The Algerian Council of War has recently condemned a soldier to death for having struck on the face the surgeon of his regiment who had refused to place him on the sick list.

CONTENTMENT.

"What has contentment to do with practical medicine or medical practitioners?" some reader will exclaim. "Much, every way," is the response. It concerns the patient, because it is one of the great essentials to successful resistance of disease and recovery from its depressing influence. It is important to the physician, because it is one of the secrets of longevity and senile vigor. Are not the rewards of faithful practice-building reserved for gray-haired men; and is not the wealthy practitioner (other things being equal), the man who is able to keep at his daily rounds when the majority of those who started with him have passed to the retirement of chronic invalidism or have fallen by the wayside, worn out by anxiety and over-exertion?

We would not plead for a mercenary spirit in medicine, which has been well called "the *meanest* of *trades;*" but for that quiet of mind which is consistent with the greatest activity and yet permits the toiler, not only to preserve his powers of usefulness from needless waste and premature decay, but also to enjoy with pure delight that daily share of happiness which falls to him by the way.

It is a well known fact that an hour of worry consumes as much strength as a day of steady toil. There is a sort of discontent which is ever looking to the time of completion of a task as the time of enjoyment. The beginner in medicine looks forward to the time when he shall be over-pressed with practice as the time when he shall enjoy himself. The poor student looks forward to old age as the time when, full of wealth, he shall take his fill of contentment. The young physician, sweating in midsummer under the burden of alley practice, comforts himself with the thought that when he has reached a gilt-edged practice, he will enjoy a yearly period of rest and recuperation. But into all such calculations there enter certain unknown quantities, which may greatly disturb the expected solution. Will life be prolonged to that distant period? Will conditions then be more conducive to contentment than now? Will not the power of enjoyment have then ceased from want of exercise, or have become sadly blunted by the changes which age entails—when friends have died or drifted away, and the pains and infirmities of the descending grade of life have begun to make themselves felt?

The true secret of contentment lies in the cultivation of that habit of mind which looks upon every separate day as a little life in itself—the fear of God its controlling principle; the call of duty its motive power; prudence and courage, exactness and kindness; diligence and foresight its rules of action; its successes, enjoyed with enthusiasm and gratitude; its reverses, not sentences of gloom and remorse, but calls to greater earnestness, to more profound study and reflection, to the adoption of new ideas and better methods.

Within the walled gardens of specialism trees of rapid growth may be stimulated by special culture to excessive development; but in the broad fields of general practice the sturdy oak must endure the storms and frosts of many years, and send out its roots and branches according to its own natural laws, before it can reach the full symmetry of its stature.

Medical Progress.

SHOULD YOUNG DOCTORS WRITE?

When a young man begins his medical career the question sometimes arises whether he ought to write articles for medical journals. The first and instinctive response is in the negative. He has had but little experience, and he cannot possibly add anything to the sum of medical knowledge. But this view of the matter is, in fact, not entirely correct. For, in the first place, the capacity for literary work, and of putting ideas in written words has to be developed early in life. To the vast majority of men writing is a mighty task because the habit was never acquired during the plastic season of youth. If a man does not begin to write before he is forty he will never do it at all. The practice of writing therefore, though it may be acquired at the expense of a good deal of indifferent work, helps the physician in his maturer years to embody results that are of great importance and interest. There are, as everyone knows, in all large cities a number of medical men of brilliant attainments, large experience—acute, practical and successful. But they cannnot write; and the profession is but little the better for their labors. Usually such gentlemen speak lightly of literary work and do not believe in "rushing into print." As a matter of fact they only do not do it because they cannot.

The kind and amount of literary work which young men can wisely undertake is limited, and this fact should be steadily borne in mind. Reporting cases must be done very little. The case should either be unique in kind or of positive interest therapeutically or pathologically. Experimental work in physiological or pathological laboratories is a kind always open to young men, and almost always gives results in some increment to medical knowledge.

A field of literary labor also in which young men can usually work profitably is that of collating and digesting critically all contributions upon certain subjects. Such articles, if prepared carefully in connection with personal observations, are often of great service to older and busier men.

Many young men make the mistake, in pursuing a certain task, of attempting to prove too much or of investigating too wide a field. It is much better to settle a little matter positively and forever, than to bombard a large subject with inconsequential results.

Finally, we would remind young men that therapeutical problems are the most difficult to solve, and that books should never be written by the immature.—*Med. Rec.*

A NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.

Dr. Wiesendenger describes in the *Journal für Zahnheilkunde* a new method of producing anæsthesia by the application of cold, the characteristic feature of which is that it is not the cold-producing agent which touches the desired part, but a metallic tube or chamber which is cooled by carbonic acid. The cold may according to the requirements of the case, be regulated from the temperature of cold water to one sufficiently low to cauterise. The first symptom of this artificial cold is anæmia of the cellular tissue, producing a slight sensation of burning, which is followed by anæsthesia, which lasts from one to two minutes and then disappears without any ill effects.

As the instrument may be manufactured of almost any shape, it is evident that this new method may be used for a variety of purposes. The simple turning of a tap will regulate the stream of carbonic acid to any degree of temperature down to four degrees Fahrenheit. No moisture is produced. In using this cold for the purposes of cauterising the surgeon has the advantage of producing anæsthesia at

the same time. When applying it to any of the internal cavities, such as the mouth, it is necessary to have the parts carefully dried, as the tissues would otherwise adhere to the instrument. Dr. Kummel applied the method in the case of a boy in the Maria Hospital at Hamburg with such complete success that the boy looked on without moving a muscle while a deep incision of twelve centimetres in length was made in his thigh. Other gases which can be brought into a fluid state may be used in place of carbonic acid. The carbonic acid which has been used for the purposes of anæthesia may be led into a vessel which has been tested to a pressure of three atmospheres, and is provided with a manometer and safety valve, whence it could be used as a motor agent or for preserving food. An iron bottle of fluid carbonic acid at a pressure of fifty atmospheres is sufficient for fifty operations. This can be bought for four or five shillings. The instrument for the application of cold to the tissues costs thirty shillings.—*Lancet*, Aug. 1.

THE RESULTS OF THE REMOVAL OF THE UTERINE APPENDAGES.

Dr. Keppler, at the Tenth International Medical Congress, gave the after history of eighteen cases which he had followed up and carefully studied. In each of the patients the operation had been done for gross diseases of the sexual organs, such as pyosalpinx, salpingitis, oophoritis, uterine myoma—and never for psychosis or neurosis. Both tubes and ovaries were always removed. The therapeutic effects were good, the patients in all cases being relieved of their symptoms.

The anatomico-physiological results were likewise uniformly good. In no case did a typical menstrual hæmorrhage occur after the operation. The countenances of the women remarkably changed, and the women became quieter and more beautiful. In all cases the conjugate diameter of the pelvis became shorter, this effect being more pronounced in the younger patients; the shortening amounted to two or three centimetres. The vagina became shorter and narrower, the muscosa thinner, smoother and paler. The cervix became shorter, the uterus smaller, the introitus vaginæ narrower. The breasts became smaller and the nipples paler. The tendency to become stouter which has been described by other operators was not observed in any case. The sexual instinct was always preserved. Three patients, virginal before operation, married later and lived in happy wedlock. The passions persisted, particularly when the operation was performed on young persons. In myoma the results of the operation where both good as regards the hæmorrhage and the shrinking of the tumor.—*Boston Med. and Surg. Jour.*

THE INFLUENCE OF WEATHER ON DISEASE.

We may regard it as certain that an apparent connection between infectious diseases and atmospheric conditions had suggested itself to the medical mind long before Sydenham attributed to the atmosphere an "epidemic constitution." Others have since this day expressed themselves in somewhat similar language. Among these we may mention Dr. Ballard. Many of our readers will remember how he has associated an increase in the amount of prevalent illness with a rise of atmospheric temperature and with variations in humidity, rainfall, direction of wind, &c. That there does exist in many cases an apparent connection of the kind referred to it would be idle to dispute. That this connection, if it really exists, is merely indirect we may also claim to be true, at all events in the class of infectious diseases. The influence of weather in such cases would be measured by its effect in providing an environment suitable to germ development. Thus moist weather, whether bleak or warm, would be found conducive to the spread of contagia, and so it is. This fact has often been attested by the extension of

cholera, diarrhœa, and the exanthemata. A warm and dry day, on the contrary, tends to check morbid action of an infectious kind. This fact is susceptible of more than one explanation. We may, on the one hand, regard it as a consequence of the absence of that germ-fostering condition—humidity; on the other, we cannot fail to be reminded that dry warmth and sunshine give the signal for an exodus from many crowded homes, for their freer ventilation, and consequently for diminution in the intensity of contagia. The exact value of weather changes in regard to this class of diseases, however, still is and must for some time remain *sub judice*. As for the ailments more usually associated with these changes—those, for example, more commonly known as inflammatory—the connection is here much more evident, and also in all likelihood more direct. The association of pneumonia, bronchitis, asthma and rheumatism with bleak and wet weather is too invariable to permit of our doubting its reality apart from any suggestion of septic agency.—*Lancet*.

SULPHONAL IN DIABETES.

Dr. V. Casavelli (Medicinische-Chirurgische Rund-Schau, Heft 20, 1890), has used sulphonal in diabetes with the following results: Sulphonal exerts a favorable influence upon the chief symptoms of diabetes, diminishing the quantity of sugar, also the polyuria and polydipsia. These results are obtained in a moderate degree by a dose of 15 to 30 grains *pro die*. They are more marked with a dose of 45 grains, which may be given for several days; 30 grains is well borne for a longer time, 45 grains creates no disturbance at first, but if persisted in for a time, produces dizziness and excessive somnolence, which disappear upon the reduction of the dose.

The favorable effects of sulphonal are as evident with a mixed diet as with a strict meat diet; in the latter, sugar was found in great quantity in the urine after sulphonal had been suspended.

In the same cases antipyrine was tried before sulphonal, but the effect produced by antipyrine was less marked than that by sulphonal.

ANTIPYRIN IN THE INCONTINENCE OF URINE IN CHILDREN.

The Paris correspondent of the *Lancet* writes: Many methods of treatment have been proposed and employed in incontinence of urine in children—belladonna and strychnine by Trousseau, electricity by Guyon, bromides, certain mechanical procedures, &c. All, or nearly all, of these have been attended with success at times, but none is infallible—where one fails another remedy may succeed. Antipyrin is now put forward by M. Gundez, who claims for it a place amongst the best of remedies in the therapeutics of this troublesome and common affection. Out of thirty-seven cases treated by this drug, nineteen were completely cured, fifteen much relieved, and in three only did the remedy completely fail. According to M. Gaudez, these results are much superior to those of other therapeutic measures. He administers it in wafers containing from seven to fifteen grains, or in a mixture. This latter may have from twenty to sixty grains, according to the age of the child, to be taken in divided doses with two hours' interval. The time at which the medicine should be given is of importance. Thus he found that a child who took the last dose at 8 P. M. would not micturate before 5 A. M.; while if taken later, between 9 and 11 P. M., the incontinence was often entirely suppressed, even in the second half of the night. In cases where the antipyrin treatment was successful, the improvement was manifest early; but it is advisable that it be kept up for at least fifteen days in order to insure a cure. The sensibility of children to the action of antipyrin is variable. Some who are not affected by twenty or thirty grains are cured by sixty grains. Sometimes the incontinence will return, in which case the dose should be increased

and the drug long continued. Antipyrin is well borne by children, as a rule. In one of the cases cited there was some gastro-intestinal disturbance of slight moment, and in another, a cutaneous eruption which soon subsided.

ANTIPYRIN IN THE TREATMENT OF PLEURAL EFFUSIONS.

At a recent meeting of the Société Nationale de Médicine of Lyons, Clements (*Lyon Médical*, May 10, 1891) commended the value of antipyrin in the treatment of acute and chronic pleural effusions. The drug, to be effective, must be given in doses of about fifteen grains every four hours, and continued in somewhat smaller doses for several days after the disappearance of the effusion, a result which he states may be expected in from one to four days. Purulent or bloody effusions are not favorably affected, and when the pleural cavity is completely filled, Clement prefers immediate resort to paracentesis. He is at a loss to explain this singular effect of the drug upon any other ground than its specific action upon inflammatory processes, the kidneys or skin never having shown sufficient over-activity to account for the rapid subsidence of the effusion.—*Univ. Med. Mag.*

THE USE OF PURE BENZOLE IN WHOOPING-COUGH.

W. Robertson, M. D., writes to the *Lancet:* "After some years' experience of the use of benzole in whooping-cough I can safely say that it effects better results than all the other remedies recognised as useful in this affection. In the adult and child it is of equal benefit. In an infant just now under treatment the attacks have been reduced from twenty or thirty in the night to two or three, and whereas when the treatment was begun evidences of bronchitis were present, now the chest is clear and the child able to be taken out of doors daily. All this improvement was brought about in less than ten days. I have administered benzole in whooping-cough, where convulsions and other complications were fast reducing all chances of recovery, with perfect success in a few days. In adults, where pertussis assumes often serious aspects, benzole has proved equally efficacious. Two minims in mucilage are sufficient for a child six months old, and five minims in mucilage on sugar or in capsule for adults. I am indebted to an article in the *Practitioner* of some years back for information regarding this treatment, and can heartily recommend a trial of it. Whenever the benzole odour is observed in the breath of the patient, then all anxiety as to the result may be allayed."

EXPECTORANT MEDICATION (ROSSBACH):

℞—Chlorohydrate of morphine . . .	½ gr.
Chlorohydrate of apomorphine . .	½–1 gr.
Dilute hydrochloric acid . . .	10 drops.
Distilled water	4 ʒ.

Sig. One teaspoonful every two, three or four hours.—*La Médicine Moderne.*

A CHEAP DISINFECTANT.

At this season of the year, and during the summer and autumnal months, disinfectants should be kept ready at hand for needed use, but not in any measure to take the place of cleanliness.

The nitrate of lead is the cheapest disinfectant known that fulfills its intent. It does not, however, prevent putrefaction. The chloride of lead is much more effective in all directions. It is made by dissolving a small teaspoonful of nitrate of lead in a pint of boiling water; then dissolve two full teaspoonsful of common salt in eight quarts of water. When both are thoroughly dissolved, pour the two

mixtures together, and when the sediment has settled you have two gallons of clear fluid, which is the saturated solution of the chloride of lead. A pound of nitrate will make several barrels of the liquid. The nitrate of lead costs from eighteen to twenty-five cents a pound at retail.—*Monthly Bulletin*, June, 1891.

THE OPPORTUNITIES OF THE MEDICAL LIFE.

The opportunities and duties of the medical life, properly understood and lived up to, tend to develop—perhaps more than any other—large-heartedness and a true nobility of character. Dr. Thomas Oliver, in the Presidential address delivered some time ago before the University of Durham Medical Society, very forcibly inculcated this truth. "Is it simply," he asked, "to earn a livelihood that you leave these walls equipped with all the knowledge obtainable in a medical curriculum? Surely not!"

In giving health to the people we thereby promote happiness, and the energy we expend in alleviating suffering is never sterile—what we expend in one direction comes back to us in another. As every particle of air is a luminous centre receiving the sun's light and radiating it in every direction, so is it the high mission of every member of our profession—especially blessed himself by the very conditions of his education—to diffuse around him some of the blessings he has received. A selfish medical man ought to be impossible, and, in proportion as he is comprehensively educated and possesses high culture, so will he gradually be capable of strong sympathy. His daily contact with suffering and sorrow will tend to this, and the love and pity which Mr. Besant's young physicist thoughtlessly termed "illusions" will be the natural products of the "comprehensive education" for which Dr. Oliver so ably pleaded. The driest medical education will enable any man to go into a sick room and prescribe for a patient, but brain *plus* heart in the presence of the seething mass of humanity yearns to be more helpful than that. And the heroes of medicine have succeeded. Their success was never measured by their professional income; many of them, in a commercial sense, miserably failed. Some of them gained neither money nor happiness; but their problem was not how to make themselves, but others, happy. Unrealized aspirations and unfulfilled hopes often make us doubt if life be worth living. Apparently, we may have failed; but the secret of internal peace is the fulfilment of duty, not that of our aspirations.

The preacher of the annual sermon at St. Paul's Cathedral for the Guild of St. Luke spoke almost with a touch of envy of the doctor's opportunities for high and noble service in the cause of humanity, and the manner in which they are commonly responded to, "by day and night speeding on his errand of mercy, healing disease, restoring rest, sucking the diphtheritic poison from the suffocating sufferer, and by his cheerful presence giving confidence to the failing spirit."

The reward may not come at the time expected; this is not usually Nature's way. The messengers of reward, like those of punishment, are often leaden-footed, but their steps are sure; the recompense will be paid, though probably not in the form expected. The large income not made, the proud position not achieved, the respect and admiration of one's fellows perhaps withheld, yet a patience and resignation, a calm sense of duty done, a soul disciplined by experience, a sense of having—in some degree, however small—lessened the awful sum of human pain and sorrow; these things, at least, shall be his guerdon who acts well his part and does the duty lying immediately around him. Never—as Dr. Oliver pointed out—have medical men left college and infirmary so well equipped for the diagnosis and treatment of disease as now. Thus it is that more is expected of us. The tasks of most of us must be performed in comparative obscurity;

yet to every one they may be stepping-stones to higher and yet higher planes of character. It is the use made of them which makes the difference between the happy pig and Socrates.—*Brit. Med. Jour.*

Medical Items.

Messrs. John S. Christian and Frederick Reistorf, druggists of Chicago, were each fined $100 for practicing medicine without a license.

Dr. Hume Field, of Dinwiddie County, Va., died at his home on August 16th, aged sixty-two. He was a prominent surgeon in the Confederate Army during the war.

Dr. J. J. Levick reports a case in which severe poisoning from rhus toxidendrom was promptly much relieved by the free dusting of powdered aristol on the affected parts.—*Med. News.*

Miss Waterbury, a wealthy maiden lady who recently died in Brooklyn, has set an example worthy of emulation by leaving among her bequests the sum of $5,000 to her old and faithful family physician, and $3,000 to his daughter.

At the last meeting of the North Carolinia State Examining Board, there were seventy-five applicants for licenses, but only fifty-one granted. Nearly one-third were rejected. It would seem as if this Board was doing honest work.—*Ex.*

Under wills recently probated the following institutions obtain liberal gifts: The Grady Memorial Hospital, of Atlanta, Ga., receives $7,500 from the estate of the late William A. Moore, and the Rhode Island Hospital, at Providence, $80,000, as a legacy of the late J. Wilson Smith.

Professor du Bois-Reymond, the physiologist, has been elected Dean of the Medical Faculty of the Berlin University for this year. He has already more than once filled this post. Professor Foerster, the astronomer, has been chosen Rector of the University.

Sir William MacCormac, Mr. Arthur Dunham, and Mr. Reginald Harrison, of England, who are on their way to this country to attend the Congress in Washington, will, after the close of the session, be for a time the guests of Dr. Lewis A. Sayre, of New York.—*Med. Rec.*

A prominent gynecologist in Germany was recently found liable for $1,600 damages, besides being condemned to pay a fine of $100, for having published clinical notes of some of his cases in a gynecological treatise. His fault consisted in publishing the names of his patients in conjunction with the clinical accounts of their cases.

Dr. Arthur Neve and Dr. E. F. Neve, brothers, who are serving as medical missionaries at Srinagar, Kashmir, have, in the period of eight years ending in 1890, performed 13,000 surgical operations, of which 3,400 were major operations. There were only twenty-nine fatal cases in the latter class, or a mortality of less than one per cent.—*N. Y. Med. Jour.*

Dr. E. M. Schæffer, of this city, has recently been elected instructor in physical culture in the Washington and Lee University, Lexington, Va., and will at once enter upon his new duties. For several years past, Dr. Schæffer has given exclu-

sive attention to the study of physical culture and to sanitation. He has had much experience in the application of the principles of physical education and practical hygiene. The University is fortunate in securing the services of a physician whose training in general medical work will especially qualify him for the special work which he has now entered upon.

The deaths of the following distinguished members of the medical profession abroad have been announced:—Dr. Theodor Hugenberger, late Director of the Lying-in Institution connected with the Moscow Foundling Hospital, and formerly Professor in the Helene Pavlovna Midwives' Institute in St. Petersburg. He was in his seventieth year, and had only retired for four years.—Dr. Linbomudroff, Chief Medical Officer of the Moscow Prison Hospital.—Dr. Alfred Vogt, Chief Medical Officer of the Golitsinski Hospital, Moscow.—Dr. Duponchel, Professor of Forensic Medicine in Toulouse.—Dr. L. Schenk, Body Physician to Prince Wilhelm.

Another instance of the calamitous results that occur when policemen undertake the diagnosis of cases of sudden and dangerous illness is reported in an inquest at Clerkenwell. An old man, age 75, was seen to stagger and fall in the street; on being picked up he was conscious, and gave a name and address, which subsequently proved to be incorrect. The police decided that he was drunk, and took him in an ambulance to the police station, where he was detained for about five hours (till 3 a. m) when his sons were allowed to take him home, where he was found to be suffering from the effects of apoplexy, from which he died in less than twelve hours. The constant occurrence of such cases is nothing short of a public scandal and disgrace. Of course in this case it is possible that even had the real nature of the illness been recognised the fatal result might still have happened; but that is no reason why the police should be allowed to continue to refuse to call in medical aid.—*Brit. Med. Journal.*

Membership in the American Medical Association is obtainable, at any time, by a member of any State or local medical society which is entitled to send delegates to the Association. All that is necessary is for the applicant to write to the Treasurer of the Association, Dr. Richard J. Dunglison, Lock Box 1274, Philadelphia, Pa., sending him a certificate or statement that he is in good standing in his own Society, signed by the President and Secretary of said Society, with five dollars for annual dues. Attendance as a delegate at an annual meeting of the Association is not necessary in order to obtain membership. On receipt of the above amount the weekly Journal of the Association will be forwarded regularly.

The Mississippi Valley Medical Association holds its Seventeenth Annual Session at the Pickwick Theatre, Jefferson and Washington Avenues, St. Louis, October 14th, 15th and 16th. A full programme of interesting papers has been prepared, and provision has been made for the fullest, freest and most complete discussion of the same. Representative men from various sections of the country have been invited to open the discussions. The local profession of St. Louis is a unit to the end that every visiting physician shall be received and welcomed in warm-hearted, St. Louis style. The same qualifications for membership are requisite in this Association as for the American Medical Association, the former being subordinate to the latter. If eligible, you and your friends, together with your wives and families, are most cordially invited to visit St. Louis and enter into the scientific work and the social pleasures as you may desire. I. N. Love, M. D., Chairman Committee of Arrangements.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 19. BALTIMORE, SEPEMBERT 5, 1891. NO. 545

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Original Articles.

WHEN SHOULD ESCHAROTICS BE USED IN DISEASES OF THE EAR?

BY ARTHUR D. MANSFIELD, M. D.,

Assistant Surgeon at the Presbyterian Eye, Ear and Throat Charity Hospital, of Baltimore.

In reply to this direct question there is but one answer, to my mind, and yet should care be exercised in the use of such powerful agents. The escharotics usually employed in such indications as we will speak of directly, are nitric acid, silver nitrate C. P. carbolic acid and chromic acid. Liquor potassa has been used but I have had no experience with it, hence cannot speak of its efficacy or of its inefficiency, of the former ones I have had more or less experience. Replying to direct question of the subject, When should escharotics be employed in diseases of the ear? I might state that to the best of my knowledge I consider their use only indicated in one affection, viz.. where there is total destruction of the tympanum and the vesicles of the middle ear with exuberant granulations, a fertile surface for the abundant and prolific growth of polypus, with a constant otorrhœa, offensive, in most of the cases, either from its odor or cause of annoyance to the patient accompanied by a total loss of hearing in the affected ear. In such a case I would recommend the use of such strong escharotics as I have mentioned: it is essential that the milder astringents such as are usually employed by aurists should be used, even such measures as tannic acid and boric acid in equal parts, resorting to such strong measures as that of the use of nitric acid. Nitric acid is perhaps the strongest of the escharotics, yet it does not always yield the best results as far as my limited experience teaches me, nor has it found favor in more ex-

perienced hands than my own. The method of applications is simple enough, yet, if not applied properly, causes a great deal of annoyance to the patient and entails more or less pain.

The best means of application, serving the purpose very well, is to wrap the end of a match stick with some absorbent cotton, dip the cotton in the nitric acid and allow a very small portion of the cotton to become saturated with the acid. Having inserted the largest speculum you can in the canal and straightening the canal so that the granulating surface is freely exposed, the nitric acid is then applied directly upon the suppurating area; the pain following is intense, varying with the depth and amount of surface exposed, but very transitory in its duration. Should relief from the pain be necessary, this can readily be accomplished by the instillation of a few drops of hydrochlorate of cocaine (grs. xv or xx to ʒ j.)

I omitted to state one very essential point in the treatment, and that is, that the ear should be thoroughly cleaned before the application of the escharotic. With the use of nitric acid I have not had as gratifying results as I might expect from the character of so strong an escharotic as this acid, and, judging of its efficacy in the treatment of exuberant granulations elsewhere upon the body, it is hardly explainable why it should not act equally well in the auditory opening, and as well and in such cases as we now have under our consideration, but the fact remains, as far as I can judge, that nitric acid is not so efficacious as another remedy belonging to the same class.

The explanation may be in the fact that when nitric acid acts, its action is short in duration, severe in intensity and has no penetrability about it, destroying only the area and surface to which it is applied, and as there must necessarily be many crevices and sulci in the granulating surface of the middle ear, there must, *a priori*, be many places not reached and not afflicted by the escharotic. The eschar, when formed, is contractile in its nature, but we all know that the movement of all eschar in its effect upon the surrounding tissue is small indeed, and takes time to accomplish even small results.

The escharotic to which I wish to call your attention is chromic acid in its crystalline condition, for a difference exists between its crystalline and its deliquescent or liquid state in its ability to destroy granulations and polypi; it is the crystalline chromic acid to which I wish to direct your attention. I think that under the proper and judicious use of chromic acid the polypi can be destroyed, the soil prevented from giving further maintainance to the growths, and the offensive discharge checked and controlled permanently. It is the discharge that is the cardinal point and symptom from which the patient wishes relief and for which he seeks your advice. One point must be borne in mind, however, and that is, that no hope of hearing in the affected ear should be held out to the patient; that he may have some hearing is probable, but that he will have practically none is what should be expected—in other words, the otorrhœa is to be checked by the removal of the cause, viz.; the polypi. Removal of polypi by the curette, snare, ecraseur or forceps only relieves the patient for the time being, and the otorrhœa continues increasing in intensity until the succeeding polypi have grown to some definite proportions.

One essential in otology, if there be any, is cleanliness. One may as well apply medicines to the eye as apply them to a surface in the ear covered with purulent matter, desquamated epithelium and debris of all kinds likely to fill the ear. The most efficacious means of cleansing an ear is, perhaps, the use of the syringe with warm alkalined water, followed by the cleansing and disinfecting properties of

hydrogen peroxide. (That of the American Oxygen Association of New York I find the best and least irritating.)

Having thoroughly cleansed the ear and exposed the granulating surface, a crystal of chromic acid is quickly passed in upon a piece of cotton, held there a moment, and the absorbent cotton absorbing any liquefaction of the tissues by the acid escharotic prevents contamination of the healthy parts by the liquid acid; the cotton is as quickly removed, the ear packed with an astringent powder, boric acid, borax and alum, boric acid and tannic acid, or what you will, a bit of cotton placed over this, and no inconvenience follows as far as I can see. Such applications repeated as often as necessary, according to the severity of the attack, soon relieve the discharge and restores the patient to something like comfort and ease. These applications are to be supplemented by the use of astringent and antiseptic washes in the hands of the patient to be used daily.

129 South Broadway.

Selected Articles.

ON IMMUNITY.*

BY E. H. HANKIN, B. A.

Fellow of St. John's College, Cambridge.

Since Pasteur's celebrated discovery that it is possible to make animals immune against chicken cholera and other diseases by the use of attenuated vaccine, the nature of immunity, whether natural or acquired, has attracted to an ever-increasing extent the attention of bacteriologists. Year by year new theories have been brought forward to explain these phenomena. It is not my intention to attempt to discuss these earlier theories, partly because I prefer to leave this to abler hands, partly because the more recent theories on this subject tend rather to supplement than to exclude their predecessors. I should like, however, to point out how our modern views on this subject are acquiring greater precision and definiteness as time goes on. The view that acquired immunity was due to an alteration of the metabolism of the tissue cells, either in general or at the seat of infection (Grawitz, Buchner) is now known as the phagocite theory, with which the name of Metschnikoff will ever be honourably connected. The supposition of Chauveau and others that immunity was caused by the presence of some unknown substance of bacterial origin is now overshadowed by the results obtained by many workers who have actually found bacteria-killing substances in immune animals, whose nature and origin, however, appear to be very different from what Chauveau's theory might have led us to expect. It is to a consideration of this view of the nature of immunity that I propose chiefly to devote my paper.

Towards the end of 1888 Nuttall discovered that various bacteria are destroyed when mixed with fresh blood or blood serum, and, further, that this destruction cannot be ascribed to the action of cellular elements, but rather to the fluid part of the blood. This discovery (which really arose from the German criticism of Metschnikoff's phagocyte theory) was soon followed by the work of Buchner and Nissen, and these observers came to the conclusion that this bactericidal action of the cell-free blood serum is a weighty factor in the conflict between the organism and the microbe. A further confirmation of this view is to be found in the interest-

*Paper read in the Bacteriological Section of the International Congress of Hygiene. From the London *Lancet*, August 15th, 1891.

ing discoveries of Bouchard. He first showed that the blood serum of an ordinary rabbit will serve as a culture medium for the bacillus pyocyaneus. If, however, a rabbit is made immune against the disease produced by this bacillus, its blood serum has acquired the power of attenuating and even destroying the microbe in question. Thus it was shown that by making an animal immune against a disease the bactericidal action of its blood serum was greatly increased. Similar results have since been obtained with the microbes of cholera, anthrax, and other diseases. Among these must be mentioned the recently published work of Emmerich and Mastbaum on pig typhoid. Not only have these observers found that the microbes of this disease are killed by the blood serum of rabbits that have been rendered immune against it, but they have successfully employed such serum to cure the disease after it has appeared in other susceptible animals. These discoveries concerning the bactericidal action of blood serum led to another of a very different, and I may say unexpected, nature. I refer to the work of Behring and Kitasato on tetanus and diphtheria which appeared at the end of last year. With these last-named diseases our attention is at once drawn from the microbes to the poisons they produce. The microbes of tetanus and diphtheria do not spread through the body of the infected animal, as is the case with anthrax. On the contrary, they remain in the immediate neighbourhood of the seat of inoculation. There they elaborate their deadly poisons, which, when absorbed into the system, produce, as is well known, various disastrous effects. For instance, an inoculated guinea-pig will in some cases develop typical diphtherial paralysis long after the last diptheria bacillus has vanished from its system, and practically the same clinical effects can be produced by an injection of a minute dose of the poison made by the diphtheria microbe as by the microbe itself. Fraenkel, Behring, and other observers agree that scarcely any tolerance can be obtained by successive inoculations of minute doses of the unaltered diphtheria poison; consequently such a procedure can scarcely be expected to lead to a sure way of producing immunity against this disease. How then, it may be asked, can we ever hope to find a cure for diphtheria? Suppose, for example, a substance was discovered which could kill the diphtheria microbe without harming the living animal tissues, how could this cure diseases when it has once appeared? The blood serum of rats possibly contains such a substance; but what could be the use of using it to destroy diphtheria bacilli in a patient if it leaves untouched the diphtheria poison, which, in the absence of the microbes that produced it, is quite capable of destroying the health of the patient?

The above-mentioned work of Behring and Kitasato disposed of the pertinency of these questions. These bacteriologists succeeded in making rabbits immune against tetanus and diphtheria. They found that the serum of a diphtheria-immune rabbit (to confine our attention to one of these diseases), exerts no bactericidal action on the diphtheria bacillus. It possesses, however, the remarkable power of destroying the poison produced by this microbe. In this anti-toxic power of such serum we at once see a possibility of curing tetanus and diphtheria (for the above statements hold good for both diseases), and, as a matter of fact, it has been found possible to cure either disease in mice and guinea-pigs. Indeed, Behring has cured mice of tetanus in which the disease had so far progressed that several of the limbs were in a condition of spasm. Gamaleia has obtained results with the poison of the vibrio Metschnikovi which go to confirm these of Behring and Kitasato. He found that this poison is destroyed by the blood serum of the rabbit, but not by that of the guinea-pig, these animals being by nature respectively refractory and susceptible to the attacks of this microbe. Thus we see that

the discovery of the bacteria-killing power of blood serum, besides suggesting a new direction in which practical results may be expected, leads us to a new theory of immunity, which may be stated as follows:—"Immunity, whether natural or acquired, is due to the presence of substances which are formed by the metabolism of the animals rather than by that of the microbe, and which have the power of destroying either the microbe, against which immunity is possessed, or the products on which their pathogenic action depends." It may be noted that this theory, as I have stated it, does not attempt to exclude other factors. It is possible—or, indeed, probable—that in some animals immunity against some diseases depends either wholly or in part on other causes.

The question now arises, What is the nature of the substances on which this bactericidal action of blood serum depends? Buchner attempted an answer to this question two years ago when he first attacked the subject. He carefuly tested the action of each one of the known constituents of blood serum on bacteria. Not one of them showed the slightest bactericidal action. He successively showed that the bacteria-killing action of blood serum could not be ascribed to salts present, to traces of fibrin factors, or to the other proteids of serum. Consequently he arrived at the somewhat curious conclusion that this power of destroying microbes possessed by blood serum was due to a remnant of the "vitality" that had been posessed by the blood plasma from which the serum was derived. It is difficult to see in what sense of the word such a statement is an explanation of the bacteria-killing power of blood serum, and when I first read it I was at once reminded of Professor Huxley's comparison of "vitality" with the idea of Martins Scriblerus, who explained the operation of the meat-jack by its inherent meat-roasting power, and scorned the materialism of those who sought to explain its actions by some hidden mechanism in the chimney. Another possibility existed—namely, that Buchner had overlooked some constituent of blood serum, and that to this unknown constituent the bacteria-killing of blood serum was due. It would lead me too far to attempt to detail the theoretical considerations that led me to suspect that a particular ferment-like proteid known as cell globulin *B* was the substance in question. At any rate, I tested its action on anthrax bacilli, and found that it possesses the power of destroying these microbes. I further found that similar substances were present not only in animals that are naturally immune against anthrax, but also in those that are susceptible to this disease. To those substances I have given the name of *defensive proteids*. In my published papers on this subject I have noted various similarities in the bactericidal action of these substances and that possessed by blood serum, and these resemblances are such as to leave little room for doubt that the bactericidal action of blood serum is due to the presence of these defensive proteids.

It is obvious that the mere presence of these bodies in the animal organism does not compel us to regard them as a means of resistance to microbe invasion. Before we can regard them as a real factor in the production of immunity it must be shown that the defensive proteid of a refractory animal is more active or is present in a larger quantity than is the case with an animal that is susceptible to a given disease. This very necessary proof I sought to obtain by a study of the defensive proteid of the rat. This animal is known to be highly resistant to anthrax. Behring, in 1888, showed that its serum is more alkaline than that of any other animal that he examined; further, that it has the power of killing anthrax bacilli, which power is lost when the serum is neutralised. He came to the conclusion that the immunity of the rat to anthrax is due to this high alkalinity of its serum, but was unable to isolate the

alkaline substance involved. Naturally, my work on defensive proteids enabled me to attack this question from a more favourable standpoint, and I soon found that this serum contained a proteid body possessing a well-marked alkaline reaction and a power of destroying anthrax bacilli. Further, when injected into mice, along with fully virulent anthrax spores, it would prevent the development of the disease. On the other hand, defensive proteids of animals susceptible to anthrax can exert no such protective power, and consequently these experiments indicate a difference in the mode of action of defensive proteids from immune and susceptible animals respectively. Further, the amount of defensive proteid present in a rat can be diminished by those causes which are known to be capable of lowering its power of resisting anthrax. For instance, Feser states that rats become susceptible to anthrax when fed on a vegetarian diet. I have obtained similar results with wild rats. The ordinary white rat, however, I have found to be generally refractory to anthrax on any diet, and always the defensive proteid can be obtained from its spleen and blood serum. With the wild rat this is not the case. In one experiment eight wild rats were used; of these, four were fed on bread and meat, the others on plain bread, for about six weeks. Then one rat of each lot was inoculated with anthrax; of these, the ones that had been subjected to a bread diet succumbed. The remaining rats were killed, and it was found that while the spleens of the flesh-fed rats contained abundance of the defensive proteid, only traces of this substance could be obtained from the spleens of the rats that had been fed on bread alone. A similar result was obtained in other experiments.

These facts appear to me to prove that the defensive proteid of the rat deserves its name, in that it tends to preserve it from the attack of the anthrax microbe; in other words, that this substance is, at any rate, a part cause of its immunity against anthrax.

Since the publication of my work on defensive proteids, Buchner has abandoned his view that the bacteria-killing power of blood serum is due to a remnant of vitality, and in a paper recently published he admits the importance of defensive proteids, and suggests for them the name "alexine." Certainly, if it were necessary to rechristen "defensive proteids," this name would be very appropriate. It would, however, be convenient to form names for the different classes of defensive proteids, and I do not think it would be premature to do so now. Defensive proteids appear to be ferment-like, albuminous bodies, and it is extremely unlikely that we shall for a considerable time be able to classify them by any other than physiological tests. From this point of view it is possible to divide them into two classes: first, those occurring naturally in normal animals, and, secondly, those occurring in animals that have artificially been made immune. For these two classes I propose the names of "sozins"* and "phylaxins."* A "sozin" is a defensive proteid that occurs naturally in a normal animal. They have been found in all animals yet examined, and appear to act on numerous kinds of microbes or on the products. A "phylaxin" is a defensive proteid which is only found in an animal that has been artifically made immune against a disease, and which, so far as is yet known, only acts on one kind of microbe or on its products. Each of these classes of defensive proteids can obviously be further subdivided into those that act on the microbe itself and those that act on the poisons it generates. These subclasses I propose to denote by adding the prefixes "myco-" and "toxo-" to the class name. Thus, myco-sozins are defensive proteids occurring in the normal animal which have the power of acting on various species of microbe. Toxo-sozins are defensive proteids also occurring

*I have to thank Dr. Donald McAlister for his kind assistance in helping me to coin these names.

in the normal animal, having the power of destroying the poisons produced by various microbes. Myco-phylaxins and toxo-phylaxins similarly will denote the two subclasses of the phylaxin group.

THE HUMAN MOUTH AS A FOCUS OF INFECTION.†

BY W. D. MILLER, M. D., OF BERLIN.

"During the last few years the conviction has grown continually stronger, among physicians as well as dentists, that the human mouth, as a gathering place and incubator of diverse pathogenic germs, performs a most significant *rôle* in the production of various disorders of the body, and that many diseases whose origin is enveloped in mystery, if they could be traced to their source, would be found to have originated in the oral cavity."

Dealing with the subject of diseases of the human body which have been traced to the action of mouth bacteria, he said: "In conformity with the nearly unanimous verdict of all recent investigations, decay of the teeth must be regarded as the most widespread of all parasitic diseases to which the human body is subject, and although, as far as the life of the patient is concerned, the prognosis is exceedingly good, and decay of the teeth may be pronounced one of the most trivial disturbances of the human economy, yet, if we take into consideration the results which follow a case of general decay, particularly in the mouths of young or weak persons, it often becomes a disease of a very grave nature. I venture to say that most dentists will agree with me that the havoc wrought by dental caries in the mouths of vast numbers of children, or even adults, among the lower classes is a much more serious thing than an attack of chicken-pox, rubeola, or even measles. Among the more immediate results of caries of the teeth may be mentioned diseases of the pulp and pericementum; following these, alveolar abscess, which is produced by germs and their products passing from the root canal through the foramen apicale into the surrounding tissue. Primarily of a local character, it is very frequently accompanied by general symptoms of varying intensity, and sometimes attended by complications of most serious nature, death from alveolar abscess being by no means as rare an event as is usually supposed. Croupous pneumonia must be regarded as a disease in all probability closely dependent upon the condition of the mouth. The uniform results obtained by the investigators on the subject of pneumonia for the last five years leave little room for doubt that the cause of this important disease is to be sought for in a species or group of micro-organisms which are constantly present in the sputum of persons suffering from pneumonia, and very frequently even in the saliva of quite healthy persons. The infectious anginæ (tonsillitis, amygdalitis infectiosa, &c.), with their severe complications, have been shown by the observations of Bouchard, Von Hoffmann, A. Fraenkel, Fürbringer, Heubner and Bahrát, Apolant, Leyden, &c., to be due to the localization of germs in the tonsils. Writers on the subject of angina Ludovici designate slight wounds or other breaks in the continuity of the mucous membrane, diseased teeth, the tonsils and salivary ducts, &c., as points of entrance for the specific germs of the disease, while the diseases of the maxillary sinus are known to owe their origin, in the great majority of cases, to diseased teeth. In connection with pneumococcus abscesses, I call attention to the fact that the micrococci of sputum septicæmia, as shown by various authorities, possess invasive properties of the highest order, so that there is scarcely a part of the human body which may not fall a prey to their action. I may mention here

†Paper read in the Section of Bacteriology at the International Congress of Hygiene. From the London *Lancet*, August 15, 1891.

parotitis, multiple subcutaneous abscesses, tonsillitis, otitis media, abscesses of the mastoid process, peritonitis and meningitis." Many other infections were described in this connection.

"The investigations of different bacteriologists during the last five years have brought to light a great number of pathogenic micro-organisms, some of which occur in the mouth with considerable frequency, others having been met with but a few times. On account of the large number of different micro-organisms commonly found in the human mouth, it is, with few exceptions, absolutely impossible to arrive at any conclusion regarding the presence or absence of any particular kind by a simple microscopic examination. Cultures on agar-agar also often fail of their purpose, since many pathogenic mouth bacteria do not grow on this culture medium, or they grow so slowly that they are soon overgrown and hidden by the more proliferous saprophytes of the mouth. Gelatine is still less adapted to the purpose. We must consequently have recourse to the animal body for the purpose of isolating such pathogenic micro-organisms as may be present in the saliva at the time of the examination. The person whose saliva was to be examined was always instructed to intermix the saliva by rubbing with the tip of the tongue against the cheeks and gums with dead epithelium and other films and deposits which are often clinging to the mucous membrane, and constantly carry enormous numbers of organisms. One or two of these drops were then injected into the abdominal cavity of a white mouse. Of the 111 mice thus operated upon, 27 died within 15 hours; 22 in 15 to 24 hours; 18 in 24 to 48 hours; 8 in 2 to 4 days; 9 in 4 to 8 days; 13 in 8 to 20 days; 4 in 20 to 40 days; 10 being still healthy after the expiration of 30 days were put down as having escaped infection; though it is quite possible that one or the other of these 10, if kept longer under observation, would still have succumbed to the effects of the inoculation. In nearly all cases where the mice died within five days, the cause of death was found to be acute peritonitis or blood-poisoning, or both combined; whereas in the great majority of cases where death did not occur till after five days no micro-organisms were found in the blood, death being due to local suppurative processes alone. We may accordingly make two grand subdivisions of the pathogenic mouth bacteria. The first includes those which produce speedy death through blood-poisoning, with comparatively slight local reaction; the second, those which induce fatal pyogenic processes at the point of injection. With very few exceptions, injections with the blood or peritoneal exudations of the deceased mice produced the same results as injections with saliva. In the 111 examinations above recorded, capsulated cocci or diplococci, which according to present usage would be called micrococci of sputum septicæmia, were found in the blood of the mice 58 times, and, apart from these cases, three times in the peritoneal exudations—i. e., in all, sixty-one times. Micrococcus tetragenus was found in all twenty-six times. During the earlier experiments my attention was directed solely to the micrococcus of sputum septicæmia, and I may have overlooked other organisms, so that in all probability the other species mentioned in reality occur still oftener than indicated by my figures. Accordingly, the micrococcus of sputum septicæmia occurred sixty-one times, micrococcus tetragenus occurred twenty-eight times; megacoccus buccalis muciferens occurred four times; baccilus buccalis muciferens occurred three times; bacillus buccalis septicus occurred six times; bacillus pneumoniæ once. Besides these, various other micro-organisms of pathogenic significance were met with (apart from the pyogenic ones), which I was not able to study more closely. Twice streptococci were found in the blood.

"From the time that Pasteur discovered a deadly micro-organism of the form of the figure 8 in the human saliva up to the present, developments regarding the nature and significance of the micrococci of sputum septicæmia have followed each other in rapid succession. Besides Pasteur, Raynaud and Lannelongue, Vulpian, Morgiggia and Marchiafava, Bochefontaine and Arthaud, Sternberg, Claxton, Gaglio and di Mattei, Griffin, Klein, A. Fraenkel, myself, and, more recently, scores of others have furnished contributions to the subject of the toxic properties of the saliva." The author then proceeded to give in detail a description of the various micro-organisms found in the human mouth capable of producing septicæmia. He also described the megacoccus buccalis muciferens, bacillus buccalis muciferens, bacillus pneumoniæ (pneumobacillus), and the bacillus buccalis septicus. Continuing, he said: "Most observers agree that the micrococci of sputum septicæmia speedily lose their virulence when cultivated on artificial media. Ten days, seven, even five days are named as the maximum time for which the cocci remain virulent when cultivated on agar-agar, blood serum, &c. The results which I have obtained do not quite accord with the above. A culture of the micrococcus of sputum septicæmia II, from the blood of a mouse, on blood serum, dated May 6th, which was kept for seven days at a temperature of 35°C., subsequently at room-temperature, was used for inoculating a mouse in the abdominal cavity on June 7th. The mouse died inside of twenty hours, showing a pure culture of the cocci in the blood. A culture of micrococcus II, twenty-nine days old, caused death in sixty-five hours; a culture forty days old failed to produce any effect. The cocci were found exceedingly resistive to the action of low temperature; a mouse, dead of an infection with micrococcus II, was hung up outside of the window for twenty-one days, between December 22nd and January 13th, the temperature ranging during nearly the whole time between 5° and 15°C. below zero. At the end of this time the mouse was thawed out, and an infection made with that blood resulted in the death of the animal inside of twenty-four hours.

Regarding experiments relating to the question of immunity, it has been well established the immunity may be conferred upon animals by infecting them with material which has been so far weakened in its virulence that the animals sicken, but recover. A subsequent infection, even with a fully virulent culture may then be harmless. I have attempted to produce immunity (1) by injecting 0.5 ccm. of dog blood direct from the artery into the abdominal cavity of mice. Dogs being immune from sputum septicæmia, it was hoped thereby to confer immunity upon the mice. All experiments with dog blood, however, turned out negatively. The blood of a large American rabbit, which had been infected without showing any reaction, conferred a partial immunity upon mice, they dying not until the fifth or seventh day after infection, while the control mice died within twenty-four hours; (2) mice were fed for several days on large quantities of saccharine, with a view to so saturating them with this material that they would not furnish a suitable culture medium for the cocci; results here also only negative; (3) a large number of antiseptic solutions were made use of, injecting the mice before or after, or both before and after the infection in the abdominal cavity, or subcutaneously with varying results, sometimes the death of the animal being hastened, sometimes slightly retarded. The only substance with which I attained positive results was a 1 per cent. solution of trichloride of iodine. If we inject a mouse subcutaneously with two drops of the water of condensation from a fresh agar-agar or blood serum culture, or with a slight quantity of diluted infectious blood, and follow up the injection through the same conule with 0·3 ccm. of a 1 per cent.

solution of trichloride of iodine (the maximal dose for a full-grown mouse), the animal will in most cases survive the infection, though it will lose a piece of skin as large as a finger-nail.

"The question to which I wish here to call particular attention concerns the measures which should be taken to prevent the undue growth of bacteria, pathogenic as well as non-pathogenic, in the mouth; the ultimate object being not alone to limit as far as possible the action of micro-organisms and their products upon the teeth, but to keep within bounds as well the many various diseases which, we have seen, may result from a lack of proper care of the mouth. Not one of the many mouth washes with which the market is flooded makes even an approach towards accomplishing this end. For the purpose of disinfecting the mouth in cases of acute diseases, stomatitis, diphtheria, gangrene of the mouth, &c., physicians usually have recourse to borax, boracic acid, chlorate of potash, permanganate of potash, lime water, salicylic acid, &c., which, with the single exception of salicylic acid, have next to no action whatever upon the bacteria of the mouth, though some of them have undoubtedly an excellent cleansing action upon inflamed or suppurating surfaces, in virtue of which their use may be attended by very beneficial results." The author stated that sublimate, 1 in 2000 (eight tests), effected a marked diminution in the number of germs in one minute; the complete sterilization, however, required on an average over five minutes. The efficacy of the sublimate was increased in a surprising degree by the addition of benzoic acid. Trichloride of iodine, 1 in 2000 (seven tests), required an average time of about a minute and a quarter, proving to be decidedly superior to the bichloride. It is also far less disagreeable than the latter—in fact, not at all disagreeable; it has, however, which must be considerded as a great misfortune, an acid reaction, and is, therefore, not suited for daily use as a mouth wash. In the strength of 1 in 1500 (one test) the sterilisation was accomplished in forty seconds. After stating that in order to obtain practical results it was necessary to test the action of the solution on the bacteria in the mouth itself, rather than on pure cultures in bouillon, Dr. Miller described three methods of sterilisation, and enumerated the various agents he employed, with their respective values. He concluded that an examination of the results would soon convince one that there are very few substances at present in the dental materia medica which are available for disinfecting the human mouth. "A mouth wash which I recommended years ago, and which is decidedly superior to the best of the many so-called antiseptic mouth washes on the market, has the following construction:—℞: Acid. benzoic, 3, 0; tinct. eucalypt., 15, 0; alcohol. abs., 100, 0; ol. menth. pip., 0, 75."

TREATMENT OF FLATULENCE.

Flatulence is a trouble that sometimes defies medical treatment. A French journal recommends the following:—

℞.—Naphthol,	3j
Carbonate of magnesium,	3j
Powdered charcoal,	3j
Essence of peppermint,	gtt. ij.

This is to be divided into fifteen powders, and one taken at beginning of each meal.

Dohrn has observed five cases where gonorrhœa in the mother has been conveyed to the infant's mouth. Ulceration and the deposit of membrane followed, in which gonococci were readily found.

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A Weekly Journal of Medicine and Surgery.

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BALTIMORE, SEPTEMBER 5, 1891.

Editorial.

TETANILLA.

The name "tetany," which is often given to this disorder, is objectionable, because of the ease with which it may be confused with "tetanus." Although tetanilla presents in many respects the appearance of a modified or localized tetanus, it is, as far as causation, course and treatment are concerned, a wholly different disorder, as will be readily seen on review of a case.

Until recently tetanilla has not obtained general recognition as a definite diseased condition,—the cases in which it was observed having probably been set down under the indefinite head of "local spasms" or "contractions of the limbs." Of late, however, efforts have been made to group under one title and clearly define certain cases of local tonic spasm, which is produced by some cause external to the nervous system; involves the muscles of the extremities, and sometimes those of the face or trunk, always bilaterally and symmetrically; and is usually of short duration.

In patients old enough to describe their feelings (for it generally attacks children) tetanilla begins with pain in the head and an uneasy tingling and burning sensation in the limbs. Upon physical examination, it will be seen that these sensations are accompanied or followed by very characteristic appearances in the limbs; the fingers and toes are usually flexed on the palms and soles, but occasionally they are extended. The larger joints may also be involved, the forearm being flexed on the humerus, the hand on the forearm; the foot being drawn upward, or toward the sole as in talipes equinus, and the legs and thighs being flexed or extended. Attempts to straighten the rigid limbs cause severe pain. Considerable œdema of the parts is present, the back of the hands and feet being cyanosed and occasionally discolored by ecchymoses. The electrical excitability of the nerves supplying the contracted muscles is increased, and the patella reflex is intensified.

Tetanilla occurring in infants is distinguished from tetanus infantum by the fact that *tetanus infantum* hardly ever occurs after the first month; that it involves the muscles of mastication very early in its course; that its symptoms become more and more severe, till as a rule death ends the struggle; that it is in some way connected with injury to the umbilicus or umbilical cord; while *tetanilla* is very rare before the end of the first month; presents contractions first in the extremities, the muscles of mastication being seldom involved and then only toward the end of the disease; is not usually dangerous, but soon terminates in complete health; is not connected with any sort of physical injury. The only other disease for which it is likely to be mistaken is organic disease of the brain, in which the contractions are usually unilateral and associated with other symptoms of brain disorder. (It can hardly be doubted that hysteria is able to mimic tetanilla).

No definite pathological changes have been detected.

Tetanilla vanishes when the conditions which excite it are removed or cease spontaneously. These conditions are disorders of the digestive system, such as teething, diarrhœa, constipation and worms; unhealthy states of the system which accompany pregnancy and lactation, and the changes of puberty, and which result from pneumonia, bronchitis, cholera, typhoid fever, and dysentery; and perhaps rheumatism, rachitis and epidemic influenza. Nerve-sedatives are of course useful. Bromide of potassium, chloral, calabar bean and atropia are recommended; and cannabis indica and morphia hypodermics have been found useful in the case of adults. The hands and feet may be wrapped in hot fomentations, or rubbed with dilute alcohol.

In the *American Practitioner and News*, May 9, 1891, Dr. Small reviews the whole subject and reports a case of tetanilla in a baby boy eleven months old. It was due apparently to a feast of turkey and cranberries enjoyed two days before. Under the usual treatment—bromides, calomel and rubbing, he recovered in the usual time—about a week.

In the discussion of the paper by members of the Alleghany County Medical Society a number of cases of the disease in question were reported by members, some in infants and some in adults.

In one of these cases, the patient was a pregnant woman who had for ten years been constantly under the strain of child-bearing or lactation, and was in consequence greatly debilitated. At about the sixth month of this last pregnancy she began to be affected by spasmodic contractions of the toes. After a little the ankles became involved, and then the thumbs and two fingers of each hand. During a week the spasms would occur frequently, lasting each time about an hour; then for about a week she would be quite free from the paroxysms, then they would begin again. This state of affairs continued until after the delivery of her child.

In another case, that of a boy in his teens, the paroxysms seemed to be due to exposure to weather and lack of clothing. The spasmodic contractions affected the limbs, the abdominal walls and the diaphragm. After six paroxysms, he died on the second day. There was no lock-jaw.

Correspondence.

BUREAU OF MEDICAL RELIEF.

BALTIMORE, August 26, 1891.

Editor Maryland Medical Journal:—I deem it my duty, through the medium of your JOURNAL, to make known the facts concerning an organization recently started in this city, known as the "Bureau of Medical Relief," particularly so far as it appertains to any member of the medical profession.

A short time since some gentlemen called at my office and questioned me as to the feasibility of starting an association through which the needy poor, who were unable to pay a physician for his services, could obtain medical and surgical relief at their homes upon payment of a small monthly assessment. I unhesitatingly said that such an institution, confined strictly to the wants of the needy, would be a very laudable one and redound to the good of both the sick requiring treatment and the physician, by offering immediate medical and surgical relief to the poor and ridding the physician of undesirable work; but, if they intended to apply it to any who may seek its doors, it would only do harm and would meet a severe rebuke from the profession.

Being assured that this was the only object in starting such an organization, I acceded to their request to aid them in getting a staff of physicians, provided they furnished me with a prospectus, fully setting forth these facts. (I send you prospectus for publication, if you desire.)

A number of well known medical gentlemen accepted the position, through my personal request, with the distinct understanding that it would be only an association for the relief of the poor, and in no way to affect a brother practitioner.

On Monday, August 17, the work of soliciting applicants for membership began and on the Tuesday following, (18th), a complaint came to me from a member of the staff, that certain circulars were being spread broadcast and persons urged to join the association fully able to pay a physician for his services.

I immediately wrote the Secretary, informing him of these facts, and requested him to put a stop to it at once.

Wednesday, August 19, another member of the staff made complaint to me, by letter, that an indiscriminate soliciting of persons for membership was going on, and I immediately began a personal investigation of the means employed to induce persons to become members, and the class of people solicited.

This investigation confirmed thoroughly all the complaints that had been made, and I at once sent my resignation to the Board of Directors and severed any connection I had with the institution. (I send fac simile copy of resignation.)

On the same day, August 21, I mailed to each member of the Medical Staff a letter, stating that the asssociation, as it was being worked, was a gross injustice to the medical profession as well as themselves, and requested that they send me their resignations at once.

It is only justice to each one of the medical staff, as well as myself, to state, that we believed the object of the association, as set forth in the prospectus, a laudable one, and had it been carried on as a charitable organization, the profession would appreciate and endeavor to maintain it, rather than, as it has justly done, condemn it.

I am, with great respect, yours, etc.,

Charles and Centre Sts. J. H. SCARFF, M. D.

BALTIMORE, August 31, 1891.

Editor Maryland Medical Journal:

MY DEAR SIR:—Through the "Bureau of Medical Relief" and an extensive distribution of its cards, I have been placed in a false and embarrassing position. I beg leave through your JOURNAL, to announce to the medical profession of Baltimore, that I am not and have never been connected with that organization as represented in its announcement. So soon as its circular was brought to our notice, Dr. C. Thompson Jones and I had our names withdrawn and called on Dr. J. H. Scarff, Medical Director, who accepted our resignations and assured us that a card would be published at once, explaining their mistake and the original objects of the organization. I hope still that this promise will be fulfilled. As my time is mainly devoted to special work I could not have assumed such extensive responsibilities in general medicine, and under no circumstances could I have submitted to an adoption of such purposes and methods.

Yours very truly, GEORGE THOMAS, M. D.

800 Madison Avenue.

Medical Progress.

PRURITUS ANI AND VULVÆ.

Dr. Augustin Goelet (*Archives of Gynœcology Obstet., and Pœdiat.*, March 1891), disparages the treatment of pruritus by simple application of any lotion. The vagina, he insists, should be daily cleansed with a solution of peroxide of hydrogen (1 part to 3 of water), best administered as a spray. The parts being dried with absorbent cotton, the whole vagina and vulva should be dusted with Squibbs's pure boracic acid in fine powder. The neighborhood of the anus is, in cases of pruritus ani, to be cleansed with spray, dried, and powdered in the same manner. The parts must not be washed with soap. After dusting the vulva and vagina, the medical attendant must place a thin layer of absorbent wool, which has been dusted with the same powder, between the folds of the labia majora and between the nates, close to the anus and perineum, so as to prevent the contact of two irritating surfaces. The wool must be changed directly it becomes moist. Dr. Goelet says that the above treatment will effectually relieve the pruritus, but cannot prevent its return, as it does not cure the cause. Discharge from the vagina frequently causes pruritus ani in women, though the possibility of discharge from a fistula or some other rectal disease must not be overlooked. Pruritus vulvæ is most frequent in pregnant women with chronic endometritis and extensive erosion of the cervix. A few applications to the cervix of Churchill's tincture of iodine (which should be five times the strength of the ordinary tincture), every third day, and a douche twice a day of a solution of creolin, will frequently effect a speedy cure. The most prompt and effective method of treating endometritis, as well as erosion of the cervix, is by galvanic applications to the uterine canal, or to the cervix alone when the disease is confined to that part. Dr. Goelet makes the above observations in a notice on a lotion recommended as a remedy for pruritus in the *Canada Medical Record*. The lotion consists of hypophosphite of sodium 1 drachm, carbolic acid half a drachm, glycerine 1 ounce, and Listerine 3 ounces.—*Brit. Med. Jour.*

TREATMENT OF THE NIGHT SWEATS OF PHTHISIS.

Huchard reports the results with many medicaments tried for the relief of the sweating of phthisical patients. Among these may be mentioned lead acetate,

tannin, phosphate of lime, ergot, atropine, and muscarine. Of these the two first are unreliable, and are seldom used. Probably atropine sulphate is the most valuable (one-half to one milligramme at night). Phosphate of lime should be given in large doses (one or two drachms daily), to produce anhidrotic effects and even in these doses it has sometimes failed. Ergot (fifteen to twenty-two grains of the powder at night) is much more reliable. When the sweats co-exist with more or less marked fever, the author recommends the use of quinine combined with ergot.

℞—Quinæ sulph. . . . gr. xvi.
Pulv. ergotæ . . . 3 ss.

Divide into four cachets—two or three to be taken daily.

This formula is especially valuable in phthisis with hæmoptysis. Lastly, powdered agaric is an excellent remedy, not equal to atropine, but perfectly harmless and never causing derangement of digestion. It may well be combined with tannin or belladonna, given in doses of three or four grains. The same writer speaks very highly of antipyrin in the initial fever of tuberculous patients. The older drugs, quinine, tartar emetic, salicylic acid, all fail or have but slight effect. It is especially in this initial fever that antipyrin is of great service. One must, however, distinguish between an analgesic and an antipyretic dose of the drug. To obtain the former effect, one would give a large dose (say fifteen to thirty grains), in a short time, but this must not be done if its best action as an antipyretic is desired. It is well for this purpose to use constantly decreasing doses (say sixteen grains, twelve grains, eight grains), taking care to divide them so that no time during the twenty-four hours is the patient not under the influence of the drug. Used in this way, Huchard declares that antipyrin seems to have a special action on the tuberculous lesion and to greatly retard or to arrest its progress. Professor Combemale has used tellurate of sodium in phthisical and other sweating. It was first recommended by Neusser, who gave one-third or two-thirds of a grain in pill once daily. Combemale gave it up to nearly one grain per dose, and tried its effects in eleven cases. His conclusions are, it is a powerful anti-sudorific; a dose of nearly one grain gives the best results; it gives rise to digestive troubles, and especially to a strong garlic odor in the breath. All the compounds of the tellurium cause a very disagreeable odor of the breath, and this may always be a bar to their employment, as it is very persistent and disagreeable.—*Canada Lancet.*

IMPORTANT HINTS TO THOSE WEARING PESSARIES.

Prof. Clinton Cushing, of San Francisco, concludes an interesting paper on Retroversion of the Uterus with the following instructions to any patient wearing a vaginal pessary:

1. Remember that to obtain the best results the following instructions must be observed.

2. If the pessary you are now wearing causes you pain, use an injection of hot water in the vagina and lie down for a few hours. If this does not relieve the pain, remove the pessary at once; pass your finger into the ring, which you can feel, and draw the pessary away. You can do yourself no harm in removing it.

3. Use a vaginal injection of hot water every night and morning while wearing the pessary.

4. Never allow more than a month to pass without being examined by a physician, while you are wearing the pessary.

5. Do not wear tight or heavy clothing about the waist; and do not wear tight corsets.

6. Keep the bowels regular; have a movement of the bowels at least once a day.

7. Avoid as much as possible going up stairs, using the sewing machine, lifting heavy weights, or riding over rough roads.

8. If possible, lie down an hour in the middle of the day, and keep very quiet during menstrual periods.

TREATMENT OF CHRONIC ENDOMETRITIS.

Dr. Skutsch (*Centralb. f. Gynäk.*, June 6th, 1891) divides this disease into two varieties. The first is the hæmorrhagic form, known chiefly by frequent "show" independent of menstruation, cancer or fibroid. The second is catarrhal endometritis, where free discharge from the uterus is the most prominent symptom. The treatment of hæmorrhagic endometritis is simple; the cervix must be dilated, the endometrium scraped with the curette, and all distinct fungous growths removed. Then cauterisation is necessary. The operator must make sure that there are no small interstitial or submucous fibroids. Chronic purulent catarrhal endometritis is hard to treat. Dr. Skutsch does not attach much importance to the distinction between cervical and corporeal endometritis, as in all cases of purulent discharge from the uterus both the body and the cervix must be treated therapeutically. Dilatation and irrigation of the uterine cavity are necessary. Laminaria tents are useful in practice, but they do not allow of free escape of injected fluids. Dr. Skutsch greatly prefers a blunt, beaklike, metal dilator. The injections are to be given daily. First, some water containing a 3 per cent. solution of soda is thrown up, to dissolve the mucus. Then the medicated solutions are to be used. A 2½ per cent. carbolic acid, 1 in 5,000 sublimate, or other antiseptic solution, is suitable for this purpose. Dr. Skutsch owns that he is not very particular what antiseptic he uses; in fact, he thinks that the benefit is due to mechanical effects, the antiseptic being precautionary, so that the cure of the endometritis may not involve the establishment of worse pathological conditions. A simple catheter is far preferable to any complicated instrument for the purpose of injection; it allows more thoroughly of the return of the injected fluid. Recently Dr. Skutsch has dispensed with laminaria tents, and taken to dilating the cervix with iodoform gauze. Vulliet introduced this practice. Strips of 10 per cent. iodoform gauze are introduced into the uterine cavity, and after injection more gauze is replaced. The introduction of the gauze is painless, and the patient can go about her duties. In obstinate cases the curette must be used, in combination with the gauze and injections. Erosions usually disappear when their cause—purulent endometritis—is cured. If they persist, caustics must be applied. When the cervix is very much diseased, amputation or Emmet's operation may be required.—*Brit. Med. Jour.*

THE ROLLER BANDAGES FOR THE PAINS OF TABES DORSALIS.

Dr. Joseph Leidy writes, in the *Med. News*, August 27: This note is for the purpose of drawing attention to the results of a simple method for the relief of pain during the course of spinal disease, and especially tabes dorsalis.

Warmth, in the form of the warm bath, has long been recognized as of considerable utility in the treatment of this symptom.

The writer has frequently observed the relief afforded by the firm application of a roller bandage in the spasmodic and painful conditions so common in the extremities following traumatism. It occurred to him that the application of such

a bandage (flannel or hose) to the part the seat of pain in locomotor ataxia might be of some service in mitigating the suffering. He found that the firm application of a bandage (flannel) from the toes to the upper third of the thigh was attended with great relief. During the past six months this method of treatment has been employed with most encouraging results. For the girdle pains a bandage, similar to the abdominal binder, firmly applied at the level of the abnormal sensations, afforded almost instant relief. The cases under observation had been treated with galvanism, with absolute rest, and the usual therapeutic measures, the majority of which had failed. The usefulness of this method depends principally upon the pressure and warmth that the bandage affords, combined with rest. It is worthy of further trial, if only as a substitute for morphia. In one case the removal of the chest-binder was in several hours followed by a return of the girdle sensations. Two other patients invariably suffer a return of pain in the lower extremity on the removal of the bandage. In suitable cases the elastic stocking may, with advantage, be substituted for the bandage, as it does not interfere with locomotion.

The application of a roller bandage about the seat of pain was equally useful in several instances in which the area of pain was localized.

The method of treatment indicated will, I trust, commend itself for its simplicity with the advantage of acting as a substitute for drugs.

TREATMENT OF BURNS.

In the Friedrichshain Hospital in Berlin the following is the method of treatment of burns employed by Dr. Bardeleben (*Loyn Medicale.* September 14, 1890).

The burned surface is first carefully washed with a two or three per cent. solution of carbolic acid or a three per-mille solution of salicylic acid. The blisters are then opened, and the entire surface covered with subnitrate of bismuth finely powdered, and over this a layer of cotton-wool. This dressing is to be renewed as soon as it becomes at all moistened by discharges from the wound. If the burn is very extensive, an ointment of bismuth is substituted for the dry powder.

Dr. Bardeleben asserts that with this dressing cicatrization is much more rapid and suffering much more quickly relieved than is the case with any other form of treatment.

He states that, in spite of the large quantities of bismuth which he has employed, he has never seen any symptoms of poisoning follow its use.—*Thera. Gazette.*

THE TREATMENT OF VARICOCELE.

According to Dr. Landerer, the extirpation or obliteration of varicose scrotal veins is apt to be followed by relapses. In one of his cases of recurrence he obtained an excellent result by letting the patient wear a hernia truss with movable pad, according to the method of Ravoth. One and a half years after application of the truss the varix had disappeared completely, and after wearing it for a year longer it was left off, and since eight years, there had been no return of the varicocele. An equal successful result was obtained in three other cases. The truss probably acts as an artificial substitute for the valves of the veins which have either completely disappeared in the varicosities or are in a rudimentary condition. This procedure is also applicable to varices of the lower extremities. For this purpose the author makes use of an apparatus consisting of a curved spring and a pad filled with water, which is made to press directly upon

the saphena vein. He has employed this truss in eight cases with very satisfactory results. Its application is much more agreeable to the patient than bandaging, and it is much cheaper than an elastic stocking. Under the use of the apparatus a reduction in the size of the limb has been observed, but the treatment must be regarded as palliative rather than curative.—*Deut. Medizinal-Zeitung*, No. 35, 1891.—*Internat. Jour. Surg.*

THE TREATMENT OF SURGICAL TUBERCULOSIS.

The Paris correspondent of the *Wiener medizinische Presse*, July 12, 1891, states that a recent meeting of the Académie de Médecine, Lannelongue presented a new method of treating tuberculosis, especially surgical tuberculosis. The treatment is not directed at a local destruction or inhibition of the growth of the tubercle bacilli, but at a conversion of the tuberculous tissue and its immediate surroundings into fibrous tissue— in a word, at encapsulating the tuberculous mass, which is accomplished by injecting about it small quantities of chloride of zinc. The results thus far obtained have been gratifying.

HÆMORRHOIDS.

Preismann recommended the application of pledgets of cotton soaked in the following:

℞—Potassii iodidi	ʒ ss to ʒ i.
Iodi	gr. iii to gr. xv.
Glycerin	℥ i.

CARBUNCLES.

Dr. A. E. Spohn, writing in the *Medical and Surgical Reporter*, states that he has had excellent results in the treatment of carbuncle by the external use of a ten per cent. solution of chloral hydrate in glycerine and water, applied constantly by means of absorbent cotton; combined with internal administration of sulphide of calcium. He was led to use the chloral externally to relieve the pain, and was surprised to find that it also had a curative effect.

THE INFLUENCE OF DIET ON THE GROWTH OF HAIR.

Dr. E. C. Mapother writes to the *Brit. Med. Jour.*: "Several cases of shedding of hair after influenza have confirmed my opinion that diet has much to do with the production and with the cure of symptomatic alopecia. Hair contains 5 per cent. of sulphur, and its ash 20 per cent. of silicon and 10 per cent. of iron and manganese. Solutions of beef, or rather, part of it, starchy mixtures, and even milk, which constitue the diet of patients with influenza and other fevers, cannot supply these elements, and atrophy at the root and falling of hair result. The colour and strength of hair in young mammals is not attained so long as milk is their sole food. As to drugs, iron has prompt influence. The foods which most abundantly contain the above-named elements are the various albuminoids and the oat, the ash of that grain yielding 22 per cent. of silicon. With care these foods are admissible in the course of febrile diseases, when albumen is the constitutent suffering most by the increased metabolism. I have often found a dietary largely composed of oatmeal and brown bread greatly promote the growth of hair, especially when the baldness was preceded by constipation and sluggish capillary circulation.

Those races of men who consume most meat are the most hirsute. Again, it is well known in the Zoological Gardens that carnivorous mammals, birds and serpents keep their hair, feathers, or cuticle in bad condition unless fed with whole animals and the egesta contain the cuticular appendages of their prey in a digested

or partly digested state. It is also an old well proven fact that a closely restricted diet, cheese for example, soon produces in dogs a loss of hair.

In treating fevers a long course of non-nitrogenous diet may promote seborrhœa, which is so often a concomitant of the alopecia. When the special nutritive supply is secure, the depresssed condition of the vasomotor and trophic nerves proceeding from the cervical ganglia to the scalp may be stimulated by blisters and liniments at the back of the neck. I have always found that friction of the scalp with pomades and lotions dislodges many hairs which might otherwise remain, and that cold or tepid baths with salt added and rough rubbing of the rest of the body will flush the capillaries of the affected part more effectually. Besides, when pomades are used, frequent washing becomes necessary, and this is conducive to baldness."

THE TREATMENT OF ACUTE ARTICULAR RHEUMATISM BY HYPODERMIC INJECTIONS OF CARBOLIC ACID.

As long ago as the year 1875, Professor Senator read a paper before the Berlin Medical Society on the "Treatment of Acute Articular Rheumatism by Hypodermic Injections of a Strong Solution of Carbolic Acid in the Neighborhood of the Affected Joints." He pointed out that marked alleviation of the local, and some amelioration of the general, symptoms quickly ensued, and that without any appreciable ill effects to the patient.

In the *Medical Press and Circular*, June 17, 1891, Mr. A. L. Gillespie states that he has tried this treatment in about twenty-four cases, and that in all instances the results were quite as satisfactory as the five cases reported in detail in which the hypodermic injection of from two to five minims of a ten per cent. solution of carbolic acid relieved the pain almost entirely within a few hours. In all these cases the salicylates had proved inefficacious.

Having regard to the speedy relief afforded in the first four cases, this procedure seems to merit some attention, for though it might appear somewhat heroic to inject into or close to acutely-inflamed joints a strong solution of carbolic acid, yet the relief afforded was so great and welcome that the patients often begged for a repetition of the injection when another joint became painful. The short time that elapses between the injection and the cessation of pain, only half a minute in one case, the rapid return of freedom of movement, and the ease and ability to sleep thereby afforded, warrant our using it in many cases. It is of especial value in cases of gonorrhœal rheumatism, in which no good has arisen from the use of salicylates, but does not seem to act so well when many of the joints are affected.

Although the author has injected the solution directly into the distended synovial cavity of an inflamed joint without untoward results, it is safer and as efficacious to pass the point of the needle of the syringe through the skin obliquely, and, judging where the synovial membrane is, to inject the fluid as close outside the sac as possible. Injected into the sac itself, a ten per cent. solution of carbolic acid precipitates the albumen present in the serous contents.

The rationale of the rapid disappearance of all the symptoms is, first, that it is due to the powerful local anæsthetic action of the acid; secondly, to some slight specific action against the rheumatic poison exerted by it. While with regard to the dose one might give, a grain of the pure acid in a child, to 2 grains to 2½ grains in an adult would not be excessive.—*Ther. Progress.*

WASHING OUT THE LARGE BOWEL IN DYSENTERY.

Dr. Petr S. Korytin, of Novotcherkask, describes (*Vratch*, No. 42, 1890, p.

951) 15 successive cases of diphtheritic (9 cases) and catarrhal (6) dysentery, which he treated with daily warm (30° Reaum.) large enemata of 6 pints either of filtered water from the tap or a carbolic acid solution (from 10 to 20 grains of the acid to 6 pints of distilled water). Only one of the patients died, the remaining fourteen making excellent recoveries. The total number of the injections in individual cases varied from one to six, averaging two and a half. The injected fluid was retained by the patient mostly from five to ten minutes, being sometimes expelled in one or two, and in other cases in from 15 to 20 minutes. The following effects were commonly observed: Abdominal distension and pain speedily subsided, the frequency of stools diminished and tenesmus decreased; the spirits, appetite and sleep quickly improved; the stools soon became painless and more solid, and free from offensive odor, mucus, blood and sloughs, or shreds, while the temperature became normal. No therapeutical difference whatever was noticed between carbolic and simple enemata. It appears, therefore, that the beneficial results of the treatment should be attributed simply to the thorough washing out of the large intestine.—*Brit. Med. Jour.*

ANTIPYRINE AS A HÆMOSTATIC.

In the *Mercredi médical* for June 17th, M. Périer urges upon our attention the hæmostatic properties of antipyrine dissolved in its own weight of water. During an operation of laryngotomy for the extraction of a foreign body, he says, it sufficed to press upon the wound after each stroke of the scalpel a little wadding soaked in this solution to cause all bleeding to cease, and it was found necessary to apply only two hæmostatic forceps. In staphylorrhaphy also he has found the employment of this agent to abridge the duration of the operation a great deal, and in other circumstances, where Esmarch's bandage was equally inapplicable, the same advantage was obtained. Moreover, he adds this important point, that the employment of this powerful agent did not interfere with primary union. The hæmostatic properties of antipyrine have been remarked before, but, except in epistaxis and some metrorrhagias, the drug does not seem to have been used to any great extent for this purpose. If further experience corroborate the testimony of M. Hérier, its extensive employment may be confidently expected.—*N. Y. Med. Jour.*

GOUT AND FRUIT EATING.

In the last number of his *Archives of Surgery*, Mr. Jonathan Hutchinson says that he has for many years been in the habit of forbidding fruit to all patients who suffer from tendency to gout. In every instance in which a total abstainer of long standing has come under his observation for any affection related to gout, he has found on inquiry that the sufferer was a liberal fruit eater. Fruits are of course by no means all equally deleterious; cooked fruits, especially if eaten hot with added sugar, are the most injurious; the addition of cane to grape sugar adds much to the risk of disagreement. Fruit eaten raw and without the addition of sugar would appear to be comparatively safe. Natural instinct and dietetic tastes have already led the way in this direction; few wine drinkers take fruit or sweets to any extent, and Mr. Hutchinson suggests as a dietetic law that alcohol and fruit sugar ought never to be taken together, and he believes that the children of those who in former generations have established a gouty constitution may, although themselves water drinkers, excite active gout by the use of fruit and sugar.—*Brit. Med. Jour.*

Medical Items.

Professor Drasche, of Vienna, has had the Order of the Medjidie, Second Class, conferred on him by the Sultan.

About 2,000 persons died of yellow fever at Rio de Janeiro during the months of March and April of the present year.

Two of the medical staff of the New York Board of Health, Drs. Talley and Steele, have recently contracted diphtheria while engaged in the performance of their duties in the tenement-house region.

It is proposed to have a meeting and conference of the Medical Press Association in St. Louis during the meeting in that city of the Mississippi Valley Medical Association, on October 14th, 15th and 16th.

The new Institute for Infectious Diseases, at Berlin, was formerly opened on Monday, August 17th, in the presence of Professor Koch and his assistants. The first six patients, all suffering from disease of the lungs, were admitted the same evening.

The dentists are thinking of a Post Graduate School of instruction. Dental schools ought to be parts of universities, and veterinary medicine, as well, ought to be thus dignified. No kind of human knowledge which is for the amelioration of the condition of man or beast, ought to be kept out of the curriculum of a true university. In such an institution every man and every woman ought to be able to learn that which they wish to learn.—*The Post-Graduate.*

The Wisconsin State Medical Board says the Northwest is being flooded with fraudulent medical diplomas, purporting to be issued by the University of Victoria, at Montreal. Fifty of these diplomas have been found in Wisconsin and South Dakota.

The medical adviser of a friendly society in Bath, advertises that he will undertake the medical treatment of all and sundry at the economic rate of "one penny weekly for adults, and one-half penny for children." We ought, we suppose, to be gratified that medical fees have not yet come down to decimals of the humble penny.—*Medical Press.*

The sixty-fourth annual meeting of German Naturalists and Physicians will be held in Halle from September 21st to 25th. Among the addresses announced are the following: "The Limits of the Healing Art," by Professor Nothnagel, of Vienna; "The Art of Prolonging Human Life," by Professor Ebstein; and "Edward Jenner and the Immunity Question," by Professor Ackermann.

The *Climatologist*, a new monthly journal devoted to the relation of climate, mineral springs, diet, preventive medicine, race, occupation, life insurance and sanitary science to disease, appears for the first time this month. It is edited by Drs. John M. Keating, Frederick A. Packard and Charles F. Gardiner, and thirty-one associate editors.

It is stated in *Vratch* for March 21st that the Ministry of Public Instruction is in favor of changing the present form of granting the degree of doctor of medicine and proposes to graduate the students as specialists and denote the specialty in the diploma. It is proposed to have ten specialties. The medical schools will be asked advice on the subject.—*N. Y. Med. Jour.*

Surgeon John Joseph Cochran, U. S. A., died August 6, at the St. Luke's

Hospital, New York City. He was a native of Cambridge, Mass., from which State he was appointed to the Army about ten years ago. He was an alumnus of the College of Physicians and Surgeons, New York, of the class of 1876, and for a short time served as surgeon on one of the Cunard liners, directly after his graduation. He attained to the grade of captain in 1885. His fatal illness was typhoid fever.

In an England town recently, two boys were found trespassing in a garden. The proprietor, who was a doctor, took them to his surgery, and by way of punishment, painted their faces with lunar caustic, producing a representation of a moustache and an imperial. The boys were then released. On their arrival home their faces were dressed with oil, but nevertheless, they complained very much on the following day of pain, and one of the boys was sent back from his work, as his employer objected very much to his facial adornment. The parents afterward brought an action against the doctor. Medical evidence as to the nature of the injuries was given, and the doctor was fined five shillings, with costs. —*Boston Med. and Surg. Jour.*

The laughing plant is the name of a plant growing in Arabia, and is so called by reason of the effect produced upon those who eat its seeds. The plant is of moderate size, with bright yellow flowers, and soft, velvety seed-pods, each of which contains two or three seeds resembling black beans. The natives of the district where the plant grows, dry these seeds and reduce them to powder. A dose of this powder has similar effects to those arising from the inhalation of laughing-gas. It causes the most sober person to dance, shout and laugh with the boisterous excitement of a madman, and to rush about cutting the most ridiculous capers for about an hour. At the expiration of this time exhaustion sets in, and the excited person falls asleep, to awake after several hours with no recollection of his antics.—*Medical Times.*

It having been very gratuitously announced by one of the morning papers that Dr. Louis A. Sayre had been obliged on account of ill health to resign his position as Professor of Orthopædic Surgery in Bellevue Hospital Medical College (which he has held ever since the school was founded), and also to retire from practice, the doctor has been obliged to come out in a letter in which he states that neither of these assertions are true, and that while he was confined to the house for a number of months by a very severe attack of rheumatism, he is now sufficently well to attend to practice and to drive in the park every fair day. Long indeed may the illustrious and noble-hearted surgeon be spared to the profession and to the city which his honored name has so highly adorned!—*Jour. Amer. Med. Asso.*

Eighty-two years ago to-day that genial writer and kindly poet, and erstwhile physician, Oliver Wendell Holmes, was born in Cambridge, Mass. Although he some years since formally announced his withdrawal from the ranks of the medical profession, and soon after emphasized the fact of his retirement by the gift of his medical books to a public library, yet, as he himself says, in a letter published in another column, he still retains his interest in all matters relating to the profession; and even did he not, we should ever claim him as a brother. He may not be a practising physician, but he is still a member of the medical profession; and on this day, when literary societies and friends are pouring in their congratulations, we, as fellow medical men, claim the privilege of sending him greeting, and of wishing him yet many years of tranquil and peaceful enjoyment of this good world, which he has made both better and happier by the example of his life and by his work.—*Med. Rec.*, Aug. 29.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 20. BALTIMORE, SEPTEMBER 12, 1891. NO. 546

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Original Articles.

THE RADICAL CURE OF CONGENITAL UMBILICAL HERNIA IN CHILDREN.

BY WM. C. KLOMAN, M. D., OF BALTIMORE.

On the 25th day of January, 1891, I delivered Mrs. L. H. K., after a perfectly normal labor, of a fine boy, weighing about nine pounds. The child was perfectly formed, but upon tying the cord, I noticed an unusual prominence at the uper left side of the umbilical ring and recognised a congenital umbilical hernia. I was careful in applying a good compress and in the adjustment of the abdominal bandage. During the first two weeks there was no increase in the size of the tumor. The cord, by the way, dropped off about the sixth day. After the second week the child became obstinately constipated, with considerable distention of the abdomen from flatus, and made violent straining efforts, with the consequence of a rapid enlargement of the tumor. The mother's health was good; she did not suffer from constipation, and her milk was abundant, and of a healthy appearance. The fact is, her flow of milk was too abundant and the infant was overfed. One drop of fluid extract cascara-sagrada in a little glycerin and water gave the child relief.

Meanwhile I tried the usual expedient of a broad firm compress to restrain the hernial protrusion, but found it impossible to keep it in place.

About this time I read an account in *New York Med. Jour.*, of Dr. Nota's simple method of treating these cases, which was first published in the *Gazetta*

degli ospitali, for Nov. 23, 1890, and I determined to try it in this case. Dr. Nota reported having used this method in 18 cases and having effected a permanent cure in all.

Accordingly, on February 17th, 1891, I performed the operation, intelligently assisted by Dr. S. L. Earle.

The child was then a few days over six weeks old and the result is perfect. The appearance of the abdomen is entirely normal, except that the umbilical depression is more shallow, and there are not so many folds of skin, which is in itself a gain from a hygienic point of view. To the touch, the umbilical ring is firmly closed by dense cementing together of the peritoneal sac by lymph non-organised and contracted. No effort of straining, as in crying, defecating, &c., causes any appearance of a tumor, and so far the result is all that could be desired. The child has gone on growing in perfect health.

The operation is a very simple one, and I will now describe it:—It is a modification of Desault's method. The hernia being reduced and the umbilical ring closed by the fingers, the sac, emptied of its contents, is held firm by an assistant; that is, the sac should be held extended from the abdomen without too much traction. A ligature of rubber tubing $\frac{1}{8}$ of an inch in thickness is now passed around the base of the tumor. It is necessary to make three turns of the tubing, and it must be held as tense as possible, drawing each turn tightly and not allowing it to relax while making a new turn. The tubing must also be carefully kept close to the abdominal wall. The two ends of the tubing are now tied together and the knot is secured with a ligature of silk.

To make assurance doubly sure I threaded a needle and made several stitches through the knot. While doing this, Dr. Earle made a suggestion which I think would be an improvement, and which I will use in future. This was to secure the ends of the tubing by a split shot. The shot would have to be of good size in order to hold the tubing firmly. The tumor thus ligated is now covered with a layer of absorbent cotton and the child left entirely free in its movements. In 10 to 12 days, according to the size of the hernia, the sac falls off at the level of the ligature; there remains a small, round, shallow ulcer of less than $\frac{1}{4}$ inch in diameter. This was dressed by Dr. Nota with iodoform and carbolised cotton, whereas I used a 10 per cent. aristol ointment spread on absorbent cotton, and it was healed in four or five days. The result was a smooth, regular cicatrix as before described.

There was no anæsthetic used, and the pain caused by the ligation did not seem great. I apprehended some pain during the first few hours of the strangulation and left a small quantity of sol. hydrochlorate of cocaine 4 per cent. to be applied by a brush to the base of the constriction, thinking that there might be sufficient abrasion of the cuticle by that time to permit of some absorption. I also left a prescription for phenacetin, gr. j in elix. Simp. $\frac{3}{j}$, tinct. opii camp. gtt. v, to be given in case of pain, and repeated every 2 or 3 hours pro re nata. There was some restlessness of the child, and one dose was given with the application of the cocaine solution, under which the child slept soundly all night and was still drowsy the next day. This was all the medication needed until the 12th day, when the sac fell off.

The simplicity of this proceeding recommends itself to the general practitioner. There is no blood shed, no solution of continuity primarily through which noxious germs can enter and cause trouble; there is no great pain caused, rendering anæsthetics necessary; there is no restraint whatever in the child's movements, while the result could not be better under any other proceeding.

The only possible danger in this method would be to include a knuckle of intestine in the ligature. This can only occur from the grossest carelessness. After the hernia is reduced, a finger tip should be kept on the umbilical ring until the first turn of the rubber tubing has been drawn tightly around the sac, then it becomes an impossibility for the escape of anything through the ring.

The surgical appliances are few, easily to be obtained, and are not costly.

In view of all this, the proceeding is decidedly to be commended to the notice of the profession.

As a matter of statistical interest, I would call attention to the fact that the case described occurred in a male, since Dr. Swasey, quoted by Taylor in Keating's Cyclopædia of Diseases of Children, vol. III, p. 238, states that it is a matter of statistics as well as of common observation at the Hospital for Ruptured and Crippled, that female children are more prone to suffer with umbilical hernia than male.

808 W. North Avenue.

IS ACETANILID MIXED WITH CAMPHOR WATER POISONOUS?

BY W. P. TONRY, PH. D., M. D.

Prof. Chemistry, Toxicology and Hygiene, Baltimore Medical College.

The above question was asked, during our last winter session at the Baltimore Medical College, by a practising physician who had prescribed the article, in medicinal doses, for one of his patients, and had noticed deleterious, but not fatal effects from its exhibition. As the graduating class was, at the time the question was asked, engaged in their regular experimental work on the effects of the different poisons on the lower animals, two experiments were determined upon, and two students in each case were designated to make the experiments, note symptoms, and, in case of death, make post-mortems, and report in writing the results to the professor. The experiments in each case were made on full grown healthy cats, the acetanilid mixture being administered from a glass pipette into the cat's mouth. In one case, from the administration of twenty-five grains of acetanilid mixed with a little camphor water and gum arabic, given in divided doses, each containing five grains acetanilid, death resulted in sixteen hours and a quarter. In the second case, from the administration of forty grains acetanilid mixed with five drachms of camphor water and twenty grains gum acacia, given in divided doses, each containing ten grains acetanilid. Death resulted in two hours and fifty-three minutes. The following detailed statements from the experimenters are given without revision, change or comment, and just exactly as reported to the professor.

Cat.—Acetanilid. No. 1. Prescription, acetanilid grs. xxv, mixed with camphor water and gum arabic.

7.45 P. M., acetanilid grs. v given to cat, by mouth. 8 P. M., a little frothing at mouth, pupils large and round, slight tremor most marked in right hind leg, respiration increased. 8.38 P. M., second dose, grs. v given, no marked changes resulting. 9.15 P. M., third dose, grs. v given, followed soon by spasmodic contractions. 10 P. M., muscles relaxed, respiration hurried, heart beating rapidly, body feels cold. 10.30 P. M., fourth dose, grs. v given, followed by muscular contractions, clonic in character, heart weaker. 11.30 P. M., heart slower, stertorous breathing, eyes not sensitive to light or touch, no convulsions. 11.40 P. M., pupils dilated and not sensitive to light, heart beats 150 per minute, respirations 65. 12.30 A. M., cat somewhat better, fifth and last dose, grs. v,

given. 12.55 A. M., frothing at mouth. 12 M., cat dies, 16¼ hours after the first dose had been given; post-mortem not made in this case.

Cat.—Acetanilid. No. 2. Prescription, acetanilid grs. xl, aqua camph. ʒv, gum acaciæ grs. xx.

9 P. M.—First dose. Acetanilid, grs. x given. Respiration 61, heart-beat 150. 9.30 P. M., twitching of muscles, most marked in right hind leg, pupils somewhat dilated. 9.40 P. M., heart 140, feet cold. 10 P. M., second dose, grs. x. given. 10.10 P. M., frothing at mouth, feet very cold. 10.20 P. M. abdomen distended. 10.43 P.M., third dose, grs. x. given, resulting in no perceptible change. 11.45 P. M. fourth dose, grs. x. given, pupils very widely dilated, and not sensitive to touch. 11.50 P. M., heart very feeble, respiration slow and difficult. 11.53, dead. Frothing at mouth, tongue roughened, complete flexibility. Post-mortem 12 hours after death shows following: stomach full, cardiac end thickened. Liver congested, tough and granular, kidneys normal, small quantity of urine in bladder. Lungs congested and frothy, right lung more so. Heart, right side, full of clotted blood, left side empty. Blood clotted in veins. Intestines distended with gas.

Acetanilid is classed by the U. S. Dispensatory under the head of unofficinal preparations. Its name is derived from the two articles from which it is made, viz., glacial acetic acid and aniline. The name ending with "id" would seem to indicate a body with only two constituents, but in acetanilid we find four viz., carbon, hydrogen, oxygen and nitrogen. What effect, if any, the admixture of the camphor water with the acetanilid had in the toxic effects is a point to which we will give some attention during the work of the present session; till then the report of the two experiments given above may be of as much interest to some other practising physician as they were to the gentleman who first asked the question which heads this article.

ON THE ANTI-MALARIAL PROPERTIES OF PAMBOTANO (CALLIANDRA HOUSTONI).*

BY A. E. ROUSSEL, M. D.,

Demonstrator of Physical Diagnosis in the Medico-Chirurgical College; Physician to the Howard Hospital; to the South western Hospital, etc.

I take pleasure in bringing to your notice a drug which has recently been the subject of considerable experimentation as regards its anti-malarial properties, but which has not as yet been tested, so far as I know, in our own country.

The pambotano, or calliandra houstoni (Baillon), is a small tree, growing from three to five feet high, and is found principally in Mexico, where it seems to have possessed considerable reputation for its medical qualities.

It was first prominently brought before the attention of the medical profession through an article of Dr. J. Valude, which was presented to the Academy of Medicine of Paris by Dr. Le Roy de Mericort, on the 18th of November, 1889, and which resulted in a report on the subject by the Academy on February 18, 1890.

In this report, Dr. Dujardin-Beaumetz, although doubting the ability of this drug to replace quinine, admits of its apparent value, and suggests the necessity for further experiments in this direction. Dr. Villejean, in a chemical analysis of the plant, has as yet been unable to isolate its active principle, but notes the presence of a peculiar tannin, which yields a dark-green precipitate with the per-

*Read before the Philadelphia County Medical Society.

chloride of iron, and thus closely resembles the tannin of catechu and cinchona.

Dr. Valude uses a decoction and alcoholic elixir in doses of 70 grammes for an adult, and 35 grammes for a child under twelve years of age. One litre of solution should be divided into four doses, and taken within the twenty-four hours, each dose to be sweetened and drank hot. His report comprises personal observations of fifteen cases of malarial fever, besides a *résumé* of the results obtained in Mexico, Japan, and Italy. Of the fifteen cases in question seven were complicated by other diseases, such as la grippe, tuberculosis, grave anæmia, and in one case by intermittent dental neuralgia. In these last cases the periodical attacks were suppressed, while the results in the uncomplicated cases were uniformly successful, and in the majority of instances but one dose of pambotano was necessary to effect a cure.

The following observations are related in detail:

Case I.—Girl of sixteen years; very anæmic, quotidian fever beginning May 17, 1886, at 2 o'clock and becoming permanent with exacerbation the following day at 2 o'clock. Continual headache, which increases at time of access. Decoction of pambotano May 22d. Vomiting at the second dose. Nausea with first dose. Cephalalgia disappeared after first dose. Since that time the fever has not returned.

Case II.—Child of twelve years; same type as above, with violent cephalalgia, which is worse at the beginning of fever, 4 or 5 o'clock in the evening. Decoction of pambotano the fourth day of the fever. Nausea and vomiting after first dose. At third dose child vomited food taken one hour before, but no medicine. Food taken twenty minutes after the last dose was followed neither by nausea nor vomiting. The bowels were opened after the first two doses. The headache disappeared after the first. At 4 o'clock the fever did not return. Two doses alone had been absorbed. The cure was definite.

Case III.—Man of twenty-two years, suffering from intermittent fever contracted at Tonquin. Four different attacks while at Tonquin at two or three months interval (in September, December, February, April). Returned to France in May. Return of fever in July, tertian type. Decoction of pambotano the day of the attack. Some nausea, no vomiting. After the first dose the headache disappeared. The fever did not return. Fifteen months afterwards the cure was maintained, and the fever which had previously returned every two months had not reappeared.

Case IV.—Man of forty-four years. Subject to the tertian fever, two attacks of which have been treated by quinine. At the third attack decoction of pambotano. Some nausea. The fever has not returned.

Case V.—Woman, forty-eight years of age; quotidian type, commencing at noon with a violent pain on the right side. The elixir, containing 50 grammes of the root, was given on the 30th of March. Some nausea. One passage after the first dose, which caused the disappearance of the pain above mentioned. At one o'clock the customary chill did not appear, but a slight elevation of temperature was noticed. On the 31st of March the fever returned to a slight extent. On the 2d of April no fever, but the appetite was poor and the tongue coated. After the 3d of April the fever no longer returned.

Case VI.—Man, forty-six years of age. First attack. Suffering for eight days from well-marked attacks, with violent cephalalgia. Decoction of 70 grammes of pambotano. No bad results. At noon, the customary hour for the chill, nothing was noticed, notwithstanding that only two doses had been taken.

The following cases have also been collected by Dr. Valude:

Dr. J. M. Bandera, of the University of Mexico, after carefully testing the drug in various hospitals, declares that he has obtained excellent results, even in cases which had not yielded to the use of quinine.

Professor J. D. Campuzano, of Tacubaya, as well as Dr. J. B. Lombato, report excellent results.

The government of Guanajuato appointed Drs. J. Hernandez, R. Lopez, and T. Dominguez to officially report on the merits of pambotano, and after careful experiments these gentlemen reported marked success.

Dr. Lafont reports having treated the Conseiller-général of French Guiana, who had suffered from a severe type of malarial fever for five years, which had resisted the use of quinine and arsenic, as well as a long sojourn at Vichy. One dose of pambotano was sufficient to effect a cure, which is maintained until the present time.

In the province of Salto, Argentine Republic, Drs. C. Cotas, J. Tedin, and A. Valdez have treated numerous cases of malarial fevers, some of which were uninfluenced by the administration of quinine, but all of which yielded to the use of pambotano.

Concerning the results obtained by its use in the French and German hospitals at Yokohama, Japan, the Belgian minister reports that in all the cases a cure resulted within forty-eight hours.

Dr. A. de Cadilhac, an Italian physician, reports the cure of a case of obstinate malarial fever contracted in the neighborhood of Rome, which had resisted the use of strong doses of quinine.

Dr. Betances, now of Paris, reports three cases of severe malarial fever, contracted at Panama by employés of the Canal Company, which had totally resisted large doses of quinine and arsenic, as well as the douche treatment. In each case one dose of pambotano resulted in a permanent cure.

Dr. Depeton, practising in the Basses Pyrinées, gives a history of three cases, with an equally successful termination.

Dr. De Chapelle, of Bordeaux, reports a case of quotidian intermittent, in a patient seventy-two years of age, where quinine at first yielded good results, but afterward lost its effect. The patient was in a desperate state when he was placed upon one day's treatment of pambotano, which resulted in a total cure.

Since the collection and publication of these statistics, numerous cures have been reported by physicians in different parts of France. The results, as reported, are so uniformly successful that the question arises whether a certain allowance should not be made for the enthusiasm which so generally attends the introduction of a new remedy.

Still more recently (*La Tritum Médicale*, April 30, 1891), Dr. J. Pelletan reports the case of a man, thirty-eight years of age, who contracted repeated attacks of malarial fever of divers types while living in various parts of South America. Returning to Paris some years since, the fever reluctantly yielded to the quinine treatment, but was followed by obstinate neuralgias in various parts of the body, and particularly by an atrocious sciatica, which caused the most intense suffering.

Notwithstanding the most varied forms of treatmemt, nothing afforded even temporary relief, except hypodermics of morphia.

The patient at this time has marked emaciated complexion of a pasty yellow, with a parchment-like skin; presented a cachectic appearance, and the spleen was markedly enlarged. No history of syphilis or alcoholism.

On the 19th of January last he was ordered a dose of pambotano (Midy).

Up to the present time (April 20), he has been entirely free from all pain, notwithstanding that he was exposed to the inclement weather of a Paris winter.

My own observations are limited to eight in number as far as the malarial fevers are concerned. Each of the above cases, however, was carefully observed for a varying period of time before the administration of the medicament, in order to insure accuracy of diagnosis. I have also observed its results in other diseases, such as la grippe, typhoid fever, phthisis, etc., but, frankly speaking, no influence could be detected upon the course of these different maladies.

The preparation used in these cases was an alcoholic elixir prepared by Midy of Paris, and kindly furnished me for the purpose by Rigaud and Chapoteaut. Each bottle of the elixir contains 90 grammes, representing 70 grammes of pambotano. The contents of each bottle is to be administered in four equal portions within the twenty-four hours in hot sweetened water or tea, and preferably taken on an empty stomach.

The cases are as follows:

Case I.—A clergyman, forty years of age, contracted a quotidian intermittent while on a gunning trip in Virginia, six years ago. Since that time he has, without exception, been subject to a renewal of the attacks every spring, and occasionally in the fall of the year. These attacks yield to treatment by large doses of quinine and arsenic, but generally incapacitate him from work for a period of about two weeks. His present attack commenced with a chill on March 2, 1891, at 4 o'clock in the afternoon, followed by a temperature of 104°, and a return of the same symptoms on the succeeding day. He commenced taking the elixir of pambotano on the 4th of March, but experienced a modified chill on the afternoon of the same day; temperature 102°. Some nausea after the first dose. Since that time he has had no return of the above symptoms.

Case II.—Girl, aged seventeen years, employed in a mill, residing in the southern section of the city, presented herself at the Southwestern Dispensary with the history of having had a chill on the previous day followed by fever and sweating. Temperature at the present time normal, but patient feels weak and languid; tongue coated. She was directed to return the next day. On this occasion the thermometer marked 102⅔°. She commenced the pambotano the same afternoon, taking two doses on that day, and two the day following. The first dose was vomited within fifteen minutes, but the subsequent doses were retained. She remained under further observation for ten days, with no return of the fever.

Case III.—Woman, aged thirty-seven years, dressmaker; has had attacks of quotidian intermittent in the spring of the year for the last four years, which kept her confined to the house for about ten days on each occasion. Was taken with a chill March 24th, followed by the regular symptoms, which were again repeated the next day. Commenced the use of pambotano March 26th. Some nausea after each dose, but no vomiting. Bowels opened three times during the course of the day. Resumed her occupation on the 27th, and subsequently reports (June 8, 1891) that she has been entirely well ever since.

Case IV.—Commercial traveller, aged twenty-five years. While in Florida last autumn he was taken ill with a severe type of remittent fever, which confined him to the hotel for a period of seven weeks, and which finally yielded to large doses of quinine and arsenic. Present attack commenced April 3rd with chill, fever, intense headache, coated tongue, nausea, and some vomiting. Com-

menced the pambotano on April 4th; the patient vomited the second, third and fourth doses. On evening of same day he was given three grains of calomel in divided doses, to be followed by a saline. On the morning of the fifth, the fever still being present, the drug was ordered continued as on the previous day, but he again vomited the first and third doses, besides which the bowels were opened at least a dozen times. On the sixth the patient appearing no better, and the irritability of the stomach still being present, he was placed on suppositories of quinine, together with the use of Fowler's solution internally. After further treatment of about a week, the patient entered into a rather slow convalescence.

Case V.—A woman, twenty-five years. with a distinct malarial history, had been under my care for over a year suffering from severe attacks of neuralgia in various parts of the body, but particularly of the facial type. Rarely a week passed without severe suffering on her part. Quinine, arsenic, antipyrine, and the general routine treatment, including electricity, had been without any permanent result; the same may be said of the extraction of several decayed teeth. Commenced taking pambotano on April 6th without suffering any inconvenience from the drug. The pains disappeared, to a great extent, until April 18th, when she experienced another attack, but milder in character, according to her testimony. Another dose of pambotano was administered April 19th, since which time she has been free from pain, with the exception of slight twinges occurring in damp weather.

Case VI.—Laborer, aged forty years, applied at my service at the Howard Hospital, May 2, 1891, with a tertian intermittent, the result of an attack contracted four years ago, and which has since visited him every spring and fall. Commenced pambotano the next day, since which time the fever has not returned.

Case VII.—Laborer, aged thirty-five years, applied at the Howard Hospital May 22, with a tertian intermittent, which, he thinks, he contracted while digging at Greenwich Point. Some irritability of the stomach being manifested, small doses of calomel were ordered for that day. Commenced pambotano on the 23d, but vomited the third dose. Slight chill on morning of 24th. Drug continued during the day, after which no further treatment was necessary.

Case VIII.—Laborer, aged thirty-two years, applied at Howard Hospital June 2d, with quotidian type of fever, headache, vomiting and diarrhœa. Commenced pambotano June 3, but vomited each and every dose. Drug continued June 4th, and only the last dose was vomited, but the number of intestinal movements were greatly increasd and accompanied by some griping pain. The fever not being apparently influenced, he was placed under large doses of quinine, and is now entering convalescence.

As will be seen by the above, my results, although decidedly encouraging, are hardly as satisfactory as some of the reports from abroad. In the two cases where the exhibition of the drug remained apparently without result, the question may arise as to whether a sufficiently large quantity was really absorbed on account of the gastro-intestinal irritability. Indeed, this undesirable feature seems to play a more or less important part in most of the cases.

For the above reason it would seem especially desirable that an active principle should be isolated. And we can only wonder that this has not already been accomplished in a drug whose action seems to be sufficiently pronounced to obtain results within such a comparatively short period of time.

In conclusion, it would seem to me that the results already obtained are sufficient for further work in this direction, especially as no opportunities for observing malarial fevers are better than those of the French physicians.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

Subscription $3.00 *per annum, payable in advance.*

Contributions from practitioners in good standing invited, and advertisements from reliable houses solicited.

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All communications relating to the editorial department of the JOURNAL and books for review, should be addressed to the editor.

Address all business communications to the

JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.

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BALTIMORE, SEPTEMBER 12, 1891.

Editorial.

THE BUREAU OF MEDICAL RELIEF.

As this enterprise is one which touches closely the interests of the medical profession of Baltimore, we devote considerable space to it in our editorial columns of this week. The following is its circular (names being omitted).

Incorporated August 7, 1891. Office, 201 East German Street, Baltimore. A Bureau which affords medical service to all its members by a staff of eminent physicians at a minimum cost per annum, payable in monthly installments.

Prospectus:—This Bureau is composed of a body of gentlemen who have associated themselves together to afford medical relief to its members at a reasonable cost, payable annually or in monthly installments. The high cost of medical attendance on persons and families has always been a great source of anxiety, and in many cases a cause of much distress. Physician's fees are necessarily incurred by all, as all persons are more or less subject to illness, and the expenses incident to sickness and disease have always been a grievous tax on the family.

Object:—This Bureau has been instituted to alleviate the condition of those who are compelled by illness to secure the assistance of the physician, and who are unable to pay the expenses of such attendance, by securing to them, at a greatly reduced cost, medical attention and advice from the staff of physicians attached to the Bureau.

Medical Staff:—The Bureau has secured the services of a number of eminent physicians, all of whom are well known to the people of Baltimore as able and reliable practitioners of medicine. They will at all times respond to any call of the patrons of the Bureau, either at their respective offices (during office hours), or at the homes of patients, and render the same service in all cases of illness that is required of the regular family physician.

Medical Relief Certificates:—The Bureau issues to all persons and families *certificates* entitling them to full medical attendance and relief, on the following

terms and conditions: certificate to one person, $1; certificate to a family, $2; annual payment for one person, $6; payable, if preferred, at the rate of 50 cents monthly. For a family of two persons, $10; or $1 monthly. For a family of three persons, $15; or $1.50 monthly. For a family of four or more persons, $20; or $2 monthly.

General Instructions:—Application for a certificate must contain the full name, age and residence of the applicant or the head of the family, and be signed accordingly. It must state the number of persons in the family, and whether the dues will be paid monthly or annually. The payment for the certificate and one month's dues must be paid at the time of application, for which the solicitor must give a receipt in due form. All subsequent payments must be made monthly at the office of the company or to a duly authorized collector, the date of monthly payment to correspond with the date of the certificate. Failure to pay the monthly dues on or before the tenth day after it becomes due and payable will render the certificate void. No medical examination for obtaining a certificate is required.

Important Advice:—Certificates of the Bureau of Medical Relief should be secured by all persons, and especially by fathers and mothers of families, on account of the importance of medical advice for children at the first evidence of sickness. Many children die from apparently trivial complaints, such as whooping cough, diarrhœa, croup, etc., where the parents hesitate to send for a physician on account of the cost of attendance. Families holding certificates of the Bureau can instantly obtain the services of any member of the medical staff, no matter how trifling the complaint may appear, and thereby in many cases life will be saved.

The Bureau advises all patrons to send for one of its medical staff upon the first appearance of sickness, and on no account to unnecessarily delay, as they have the right to receive immediate attention in any case.

These circulars have been distributed widely through the city by agents of the Bureau. Our attention was first directed to them by a well known practitioner of Baltimore, whose name may be obtained from the managers of the JOURNAL. He stated to us that (we give his exact words): "An enthusiastic canvasser of the above named enterprise learned of the sickness of a young man under his care and boldly pulled the door-bell and asked an interview with the patient, for the purpose of soliciting him to quit his physician and avail himself of the blessings of the new method, which would cost him but $1 a month (attendance to begin immediately upon payment of the $1), at the same time extolling the beauties of the system and the greatness of all connected with it; and it was with great difficulty that the lady of the house could rid herself of its zealous agent."

The JOURNAL purposed to comment unfavorably on the enterprise in the issue of September 1st. Being assured, however, by a certain member of the medical staff of the Bureau that several of the members of said staff, including the medical director, would never have permitted the use of their names if they had known the true purpose and methods of the business management of the Bureau, and that a public statement to this effect would be made by them as soon as possible in

the JOURNAL, the JOURNAL agreed to abstain from comment until such an explanation should be offered. A letter from the medical director has now been published in our issue for September 8th. Having read the proof-sheets of this letter and desiring to obtain all the information possible concerning the inception and future prospects of the Bureau, a reporter on the staff of this JOURNAL called at the headquarters of the Bureau and after giving his name and purpose obtained the following statements:

WHAT OUR REPORTER LEARNED OF THE BUREAU.

1. That the Bureau was started as a business venture by non-medical men who believe that the main object of practice is money and that medical men will do *anything* for a sufficient salary.

2. That the purpose of its promoters was, at the beginning, and still is, to canvass, by a large force of agents, the whole city and to secure every member, rich or poor, who can be induced to receive medical attendance in this way.

3. That the physicians on its medical staff were expected to attend any one, rich or poor, who applied to them and presented a membership ticket, at the above-named rates.

4. That it was never intended that members should be chiefly or exclusively sought among the employees of certain manufacturing firms, but that the whole city was to be invited to share its benefits.

5. That inroads upon the private practice of physicians not connected with the Bureau were fully anticipated.

6. That proof-sheets identical in wording and in extent with the circular above published were read, before the circulars were issued, in the hearing of the medical director and of three members of the medical staff; two at least of whom have just resigned; but that the *names* of the medical staff and officers were probably not included in the proof-sheets then read.

7. That the name of Dr. Blake was used without his knowledge or authority.

8. That in order to avoid injury to the private practice of members of the medical staff, it was designed that the private patients of these gentlemen and of medical friends for whom they interceded should not be approached.

9. That only about half of the medical staff, including the medical director, have resigned, and that the enterprise, though temporarily checked, will not be dropped, for the reasons that capital has been invested in it, that influential citizens are backing it, that other good physicians can be secured, and that it has gained by the opposition which it has excited.

10. That the representations of the canvassers of the Bureau have already led many persons to believe that their physicians have been charging them much more than their services were worth.

We publish these statements for the benefit of the medical profession in general, and especially of those who may be solicited to take position on the medical staff of the Bureau. We would suggest that a committee of those gentlemen who have resigned from it should confer with the founders of the Bureau, and

endeavor to harmonize the above official statements with the published letter of the medical director just referred to.

Want of space forbids further comment by us at this time.

THE TRUTH ABOUT TUBERCULIN.

In the *Virginia Medical Monthly*, September, 1891, Dr. Ruck presents a mass of statistics from various sources concerning the value of this much-discussed remedy. His conclusions appear to be those usually attained by cautious observers of its merits, namely, that the remedy is neither so innocuous nor so deadly as it might be.

Two interesting reflections are suggested by his article; first, that experimenters with tuberculin are now using it in much smaller doses than those employed by the first injectors of the liquid, the febrile reaction being avoided; second, that Dr. Ruck has a well-furnished sanitarium at Asheville, N. C., for the reception of persons afflicted with diseases of the throat and lungs. He believes that the favorable results following the use of tuberculin in his own cases may have been due to the advantages offered by his sanitarium in regard to climate, and to the use of other means. There is a minute dissection of the recent "effort" of poor Senn, of Chicago, who thinks tuberculin is a fraud, and has even dared to tabulate his scepticism.

We don't often peruse the articles now published about tuberculin, but perhaps some of our readers do; so here goes again:

WHAT THE SECOND CONGRESS ON TUBERCULOSIS THINKS.

That is, about the therapeutics of tuberculosis in general. For this we turn to the *University Medical Magazine* of September, 1891. The old chestnuts—its "contagion," "heredity," "emigration," "pathological anatomy," and "semeiology" were kept in the background and the attention of the members, as far as it could be diverted from the frivolities of Paris life, was directed to the consideration of the *pathogenesis* and *therapeutics* of this "scourge of mankind." So now we may expect something interesting from such enormous mental energy devoted to such definite subjects! Question: Is human tuberculosis the same as that of animals and birds? Answers from Koch, Nocard and Roux, Rivolta and Mafucci in the negative. Strauss and Gamaleia say that hens won't take mammalian tuberculosis; Courmont and Dor say that they will. Chauveau says he has inoculated cattle with human tuberculosis.

Koch's tuberculin was next taken up. Arloing showed that you can't diagnose tuberculosis by observing the reaction after injections, and the Congress seemed to agree with him. He proved also that it never arrested nor retarded but rather hastened the disease (applause again). Lastly, animals who have been inoculated against the disease are more liable to take it than they were before (continued applause). Explanation: the Congress sat in *Paris*; Koch is a *German*. Alas! poor science!

Then a lot of chesnuts! Finally, injection of tubercular cavities—joints mostly —with solutions of chloride of zinc. Doesn't hurt. Oh! no. Try it on yourself and see. Great improvement, swelling goes down, new tissues formed, motion regained. A new boom for young doctors. *Carpe diem!*

DR. TARNIER'S GENEROUS OFFER.

It is well-known that the medical profession of Paris has devoted much time, of late, to the discussion of remedies for the decrease in the birth-rate in France. The conclusions at which they have arrived are that greater facilities ought to be offered to unmarried women in the way of obtaining hospital care in the lying-in period without incurring the risk of revealing their names; and to both married and unmarried women in the way of throwing upon the public the care and expense of rearing their children.

Dr. Tarnier (of "axis-traction" fame), has suggested another solution of the problem, by offering a reward of $20 to every married couple in his native place which shall produce a baby during the year 1892. Probably in a quiet French village, $20 will go two or three times as far as with us, so we may expect a crop of babies which will astonish even this generous philanthropist. Whether he intends by his offer to suggest that the State should pay poor men to rear children in private homes instead of leaving them to foundling institutions, or whether he means to hint that the rich should lend a hand to their poor acquaintances in this matter we cannot tell. Perhaps he wishes to emphasize the fact that the medical profession has no sympathy whatever with abortion, and with prevention of conception, when it is done by married couples simply to avoid the care and expense of rearing children.

Reviews, Books and Pamphlets.

Practical Intestinal Surgery. By FRED. B. ROBINSON, B. S., M. D., Professor of Anatomy and Surgery, Toledo Medical College. Vols. I (172 pages), and II (206 pages). 12mo. Paper. Geo. S. Davis, Detroit, Mich. Price 25 cents a Volume. (From Publisher.)

Intestinal Surgery has perhaps made more rapid progress during the past five years than any other branch of surgical work. This is largely due to the experimental and clinical work done by Senn, Bull, Davis and the author of these volumes; as well as by many other surgeons in this and in foreign countries. We owe to these men the credit of having placed intestinal surgery within the reach of the average surgeon, for with the guides and aids to work, no surgeon now need hesitate to open the abdomen in cases of gun-shot wounds or punctures, to suture the wounded bowel or to arrest hæmorrhage. In the two volumes which Dr. Robinson has presented to the profession, there is much original work and a mass of practical information which every surgeon should possess. The work is eminently worthy of a place in the physician's office.

Report on Cholera in Europe and India. By EDWARD O. SHAKESPEARE, of Philadelphia, A. M., M. D., Ph. D., United States Commissioner. Cloth, 4to, 945 pp. Washington: Government Printing Office. 1891.

This report is an enormous compilation of facts and observations on the cholera epidemic of Europe and India. The author acting under the authority and in the pay of the United States Government visited these foreign countries, and by personal labor of a most painstaking character obtained the information which is here presented. The task was huge, the labor arduous, the personal self-sacrifice most commendable. The results are most satisfactory, and great praise is due Dr. Shakespeare for his valuable report.

Minor Surgery and Bandaging, including the Treatment of Fractures and Dislocations, Tracheotomy, Intubation of the Larynx, Ligations of Arteries, and Amputations. By HENRY R. WHARTON, M. D., Demonstrator of Surgery and Lecturer on Surgical Diseases of Children in the University of Pennsylvania, etc. In one very handsome 12mo. volume of 491 pages, with 403 illustrations. Enamelled cloth, $3.00. Philadelphia, Lea Brothers & Co., 1891.

This interesting and attractive volume sent us through Messrs. Cushing & Co., opens with a treatise of one hundred pages on Bandaging, with about eighty illustrations, very many of them most beautifully executed from photographs. The rest of the book is devoted to Minor Surgery. Those readers who expect a description of each of the smaller surgical operations which the general practitioner has to perform, such as tenotomy, tapping for hydrocele, the release of strangulated hernia, or the cutting of a rectal fistula, will be disappointed. The object of the author is rather to describe the general principles of modern surgical treatment with special attention to antiseptic methods, and to devote the remaining space to certain important surgical matters—Tracheotomy, Intubation, the Treatment of Special Fractures and Dislocations, the Ligation of Special Arteries, and Special Amputations. The practitioner will find the photographic illustrations, in the portion devoted to fractures and splints, of value, and will often turn to the pages in which the merits of the various antiseptic solutions are discussed.

Medical Progress.

JONATHAN HUTCHINSON'S VIEWS ON THE TREATMENT OF SYPHILIS.

The primary hard-based sore rarely appears until a month after exposure, and secondary symptoms rarely until two months have passed. Some years elapse before tertiary phenomena appear. Mercury is gaining favor, since due care has been exercised in the manner and time of treatment. *Nine cases out of ten can be aborted*, the second stage being suppressed. The patient must take mercury promptly until he is salivated and so that the primary phenomena quickly vanish; else the secondary signs will appear. Hydrarg. cum creta (gray powder) is by far the best. The dose should be constant, only the intervals being varied. Blue pill is next best, but not so strong nor agreeable. The gray powder should be given thrice daily, or at several hours interval, one grain in pill with enough opium to prevent griping. Fruits, green vegetables, and other articles which favor diarrhœa should be avoided. If diarrhœa cannot be prevented, inunctions and vapor baths are used. When mercury affects the tonsils or the pouches of the cheeks, iodide of potassium should be combined with very small doses of mercury, or used alone. Debility, emaciation and neuralgic pains call for the addition of quinine and iron. Fresh air is bad, as it requires larger doses of the drug, so the patient should be kept in bedroom or bed in order to get quickest recovery; but this is not generally necessary.

A good course of mercury in the second stage may prevent the third. Syphilis is milder now than twenty-five years ago.

In the tertiary stages iodide of potassium is specially good for bone diseases, lupoid affections, gummata, and nervous disorders. If it depresses, ammonium iodide or sodium iodide, which are feebler, should be given instead. Or all three should be combined in one prescription with a little free ammonia If once cured tertiary symptoms do not return, if only half cured, they always do. Iodides of mercury are not so easily borne nor so powerful as the separate drugs. A long course of mercurials often improves the health, independently of syphilitic disease. Syphilis doesn't often shorten life. Syphilitic and mercurial stomatitis may both end in malignant disease of the tongue in smokers. *Ataxia* is generally syphilitic, calling for mercury. Mercury should be given in *general paralysis of the insane* if there are syphilitic antecedents.

Infants with inherited syphilis should receive inunctions or small doses of bichloride, which is better than gray powder for them. In bone troubles, iodide of potassium should be added. If the specific is well borne and the second stage is favorably passed, relapses are not to be expected till about the fifteenth year, when keratitis, deafness, ulceration of throat, etc., may appear. In these cases, specifics do not seem to have any definite influence. Mercurials and iodides should be promptly and freely given, but we must be ready for much disappointment. (*Practitioner*, June, 1891.)

NEW CURE FOR TONSILLITIS.

The *University Medical Magazine* gleans from the *Journal de Médicin et de Chirurgie* the report that Wright has employed salol in the treatment of acute tonsillitis in all stages with very satisfactory results. He finds that this drug also acts well in all varieties of acute angina, diminishing the pain and dysphagia very rapidly, even before the objective appearances have been modified, and shortening the duration of the disease. The dose employed is *sixty* grains; there is no use in giving less than this.

This seems really generous.

THE BICHLORIDE OF GOLD METHOD.

This "cure" for alcoholism has not received as much attention from the medical as from the secular press, so that the physician who has been busy of late or away on his vacation may be troubled for an answer to the question "what do you think of it" put by his patients. Discussions held in western cities inform us as to the opinions of western physicians concerning it. The prevalent belief is that the injections contain no salt of gold at all, but rather the drugs strychnia and atropia, which are said to have some beneficial effects in inebriety. Many slaves of the drink habit have regained their self-control and bodily health under the strict regulations of the institution, but reports of relapses are now coming in. It is to be hoped that relapses will be greatly hindered by the temperance bands named "chloride of gold" clubs which have been formed.

ANTISEPSIS OF URETHRA.

This includes two points: First, disinfection of instruments. The means by which this may be done are now well understood. Second, asepsis of the urinary passages. In regard to this matter Emile Petit and N. M. Wasserman (*Annales des Mal. Genito-Urinaires*, July, 1891) remark that.

Measures absolutely trustworthy for the destruction of the disease germs have not been elaborated. Former experiments led to the belief that the internal administration of salol might suffice to obtain complete asepsis of the urinary pas-

sages; but the later investigations of Albarran have shown that the urine of patients who have absorbed even large quantities of this drug has no pronounced germicidal power, but, on the contrary, that it contains a large number of pathogenic microbes.

As far as local applications are concerned, they (Petit and Wasserman) have shown that these also fail. They have experimented on eleven patients, taken indifferently from the ward and the out-patient service, presenting diverse affections:—prostatic hypertrophy, stricture of the urethra, chronic urethritis, cystitis, tumor of the bladder, etc. Tubes containing bouillon were inoculated with the contents of the canal after it had been thoroughly irrigated with sterilized water, four per cent. solution of boric acid and a solution containing nitrate of silver 1 part to 1000. The result was that they found at the end of a week numerous micro-organisms in the tubes inoculated after the washing with nitrate of silver, as well as in those inoculated after the washing with sterilized water and boric solution.

They conclude that it is inadmissible to affirm that prolonged irrigations (thirty minutes), such as are habitually made in ordinary practice with antiseptic solutions not injurious to the urinary passages, effect a comple antisepsis of the urethra.

Experiments were not made with antiseptics more powerful than those indicated, as they would prove too painful. It may be possible to secure a *complete antisepsis* of the urethra by employing several times in succession *strong antiseptic solutions*, but *by a single washing with the solutions habitually employed in urinary surgery* (*boric acid four-per-cent., nitrate of silver* 1 *per* 1000) *one cannot obtain a complete antisepsis of the infected urethra.*—(*Journal of Cutaneous and Genito-Urinary Diseases.*)

PROSTATICS AND THEIR TREATMENT.

In the *Journal de Médicine de Paris*, Guyon recommends, in the first stage (marked by frequent nocturnal calls and polyuria), rest in bed for as few hours as possible (say seven or eight), and rising to micturate at regular hours during the night; also avoidance of prolonged sitting; free use of aperients, and avoidance of local treatment. Iodide of sodium is of especial value in doses of 20 to 50 centigrammes (3 to 8 grains), a day, but sedatives which give relief at the risk of increasing the congestion are to be used as little as possible.

For the second stage (of incomplete emptying of bladder without inflammation or suppuration in either the bladder or upper passages), gentle emptying of the viscus by catheterization is the best treatment. If vesical suppuration occurs irrigation is needed with antiseptics; boric acid in the ordinary simple cases; nitrate of silver where suppuration is obstinate. The inflowing solution should be made to lift up and remove the mucosities and deposits accumulated in irregular bladders and not to simply pass beneath them without detaching them.

In the third stage (of loss of contractility from over-distension), medical treatment is of the highest importance. As insalivation and deglutition are difficult, liquid or semi-solid foods are required. Tonics and bitters are necessary with wine, brandy and rum. Life in the open air, moderate exercise, and dry fr[illegible]ctions complete the treatment. Surgical treatment is indicated, but it is very dangerous in this stage. The question of catheterization is a very delicate one. Some patients abandoned to themselves survive for awhile. Yet many whose bladders are emptied go back toward the second stage and better health. If renal insufficiency is clear, it is better to entirely abstain; in other cases the catheter may be used with infinite care. In order to avoid vesical hæmorrhage the blad-

der should be emptied slowly until the urine ceases to flow in a jet and begins to dribble; no more should then be withdrawn. The strictest antisepsis should be used. The best cleansing injection is a five per cent. solution of boric acid. Several times in succession, a quantity of urine should be withdrawn and a somewhat smaller quantity of boric solution injected in its place.—Abstract from *Journal Cutan. and Genito-Urinary Dis.*

A NEW METHOD OF DIRECT ELECTRIZATION OF THE STOMACH.

In 1877, Kussmaul began to practice direct electrization of the stomach by means of an olive-shaped electrode introduced upon the extremity of an insulating stomach-tube, but the apparatus was clumsy, and, because of its direct contact with the visceral wall, forbade the use of a galvanic current. Bardet's improved electrode (1884), was a distinct advance, but was inconvenient and even impracticable for all but patients well accustomed to lavage of the stomach.

Feinhorn (*Medical Record*, May 9, 1891), has constructed an electrode on the principle of his "Stomach bucket," and proposes for it the name "Deglutable Stomach Electrode." It consists of a hard-rubber capsule (about one and one quarter inches in length), perforated with numerous openings, this cage serving to protect the metal knob within from direct contact. The connecting wire runs through a fine flexible rubber tube. The capsule is readily swallowed and tolerated by the patient, and contact is secured, as in Bardet's electrode, by water in the stomach. The Faradic current has been generally employed, and in all cases the degree of acidity of the stomach has been markedly increased. The author makes a preliminary report, which goes to show that most decided results have been obtained in cases of dilatation and in grave cases of chronic gastric catarrh. Two cases of pure gastralgia showed an amelioration after use of the constant current. The majority of cases of hyperacidity were improved, but required the administration of alkalies in the usual way.—*Jour. of Amer. Med. Asso.*

BACTERICIDAL PROPERTIES OF URINE.

Richter (*Archiv. für Hyg.* No. 1, 1891), says:

1. That fresh urine shows bactericidal properties toward charbon, cholera, and in a less marked degree typhoid fever.

2. These properties are due to the presence of acid phosphate of lime.

3. The urine loses almost completely its bactericidal properties as soon as it is neutralized.

4. Boiling, which transforms the acid phosphate into an ammonia phosphate, destroys the bactericidal properties of the urine.

5. Alongside of the acid phosphates, there exist other substances which contribute to the bactericidal properties of the urine. It is not known whether these substances are chlorides, concentrated neutral phosphates, or something else.—*Journal of Cutaneous and Genito Urinary Disease.*

THE PULSE AND TEMPERATURE OF CHILDREN.

Shufell (*N. Y. Med. Jour.* Sept. 5, 1891), says:

The writer is encouraged to believe that the observations set forth and the results attained in the present paper will prove to be instructive, inasmuch as they go to show—

1. The variations in the temperature of a child, both during an attack of rubeola and for a long time afterward, as compared with its pulse and respirations.

2. The effect of the temperatures of the ward in cases of rubeola.

3. A normal curve of rubeola, unaffected by treatment, and the course of the temperatures, pulses, respirations, and so forth for a long time afterward.

4. A long curve of normal temperatures, compared with the pulse and respirations, and showing the effects of exercise and atmospheric temperatures on those physical conditions.

5. A curve showing rubeola followed by cholera infantum, with comparisons of pulse, respirations, and atmospheric temperatures.

6. The various effects produced on the temperatures, pulse, and respirations in different children by the variations of the temperature of the surrounding atmosphere in health and disease.

STERILITY OF PUS IN ABSCESSES OF THE LIVER.

An unfortunate accident which, however, was unattended with any bad consequences, happened to a surgeon a short time ago, who was operating for the relief of a large hepatic abscess, about which there were no adhesions. The surgeon, M. Peyrot, had just withdrawn about two litres of pus from the abscess, and was proceeding to wash the cavity out when the hepatic incision disappeared from the field of operation, and it was only after much difficulty, and the expenditure of twenty minutes in manœuvring, that it was again discovered. A certain quantity of pus had evidently escaped into the peritoneal cavity; nothing, however, followed this accident. No untoward symptoms occurred and the patient made an excellent recovery. In order to explain the fact of the harmlessness of the pus, it is essential to recollect that Saveran and Neltee have shown that pus obtained from abscesses of the liver consecutive to dysentery is usually sterile.—*Med. Press and Circular.*

A NEW METHOD OF SOUNDING FISTULÆ.

Dr. Henrik Krohn (*Medicinsk Revue*, No. 1, 1891; *Hospitals-Tidende*, No. 18, 1891) recommends in those fistulæ which are tortuous and long, and where one will get a definite idea of their course, the injection of a few cubic centimetres of iodoform ether (5 per cent.) by means of a well-disinfected veterinary hypodermatic syringe. The opening is then closed and the fistula followed to its other opening by the crepitation which the pent-up ether fumes cause on palpation. The writer has several times used this method with success; it is not painful, and if the tension becomes too great one can let some of the fumes escape by easing up the pressure by the finger. The ether fumes easily find their way through long and crooked fistulæ. The method may be reckoned better as disinfecting than infecting; in many cases it may be used as the beginning of treatment.—(*Cincinnati Lancet-Clinic.*)

PERITYPHLITIS.

Sonnenburg (*Berliner klinische Wochenschrift*, No. 2, 1891), advises operation if the presence of pus is recognized. In the sero-fibrinous exudations around the cæcum an operation is excluded because they are absorbed. The larger the exudate at the beginning, the less likelihood is there of a purulent collection around the appendix, and the greater the probability of an infiltration around the cæcum. The small exudations which are, perhaps, circumscribed at the beginning, and situated usually at the classical space above Poupart's ligament, originate almost always from the appendix. Moreover, the greater the violence of the initial symptoms, the more apt is the trouble to be an exudation or phlegmonous process around the appendix. In most of the author's cases, violent pains in the umbilical region developed suddenly at night or after a movement, and was

followed by vomiting with diarrhœa or constipation. In a few hours there was pain in the ileo-cæcal region, and indican in the urine. In perforation there is apt to be a small, hard, resistant space above Poupart's ligament, dull on percussion and sensitive to pressure. Even a slight rise of temperature, as 100.5°, is pathognomonic of pus. In cases where a small, indistinct fluctuation exists, an incision should be made down to the peritoneum and the wound tamponed, puncture of the abscess being made later. The incision should be long, curved and similar to that employed in ligation of the common iliac artery, and to avoid subsequent hernia it should be made as close to the crest of the ilium as possible. After several days, or as soon as adhesions have formed, the abscess is to be opened and drained. The wound is dressed daily, but not irrigated, and heals in four or five weeks. Of twelve of the author's cases in which immediate incision was done, five died of sepsis which was present before the operation. The following conclusions are submitted: 1. Endeavor to diagnose the simple from the purulent forms of perityphlitis. The sero-fibrinous cases do not require operation; but in patients suffering from tuberculosis or intestinal disease, these may become purulent, and then require a simple operation. 2. Purulent exudations originating in the vermiform appendix cannot be absorbed. 3. The more superficial the exudation, the earlier is operation indicated; that is, within the first few days of the beginning of symptoms. 4. If the exudation is small, the operation should be done in two sittings, as early as possible after the beginning of the disease.—*University Medical Magazine.*

SULFONAL IN TRISMUS NEONATORUM.

Dr. Berényi, of Buda-Pesth (*Pester medicinische Presse,* No. 9, 1891), gave to an eight-days-old child, in which the symptoms of trismus had appeared for the fifth time, two centigrammes (one-half grain), of sulfonal by the rectum, as well as internally. Little by little the attacks became less in number and weaker, and, after six days, they had ceased entirely. Ten grammes (thirty-two and a half grains), in all of the drug were used without any somnolent or other disagreeable symptoms developing.—*Cincin. Lancet-Clinic.*

ICTERUS NEONATORUM.

Dr. Walter Thomas (*New Zealand Medical Journal,* April, 1891), records the occurrence of icterus neonatorum in five successive births. The fifth child was seen by Dr. Thomas on the day after birth, when a faint icteric tint was detected; the jaundice steadily progressed and the child sank and died on the twelfth day. Post-mortem examination showed that the gall bladder contained a little bile: the cystic duct and the ductus communis were impervious. The father stated that his four previous children had become jaundiced a few hours after birth, and had succumbed before the ninth day; he is stated to have been "of the bilious temperament," but the mother was a fair, healthy-looking woman about thirty-six.—*Brit. Med. Jour.*

GONOCOCCI.

Drs. Vibert and Bordas, *La Méd. Moderne,* Nov. 13th, 1890, Jan. 1st, 1891, and *Journ. des Mal. Cut.,* June, 1891, says:

In the first article the authors attempt to show that the gonococcus has no value as a diagnostic sign in medico-legal cases where the nature of a vulvitis is to be determined. They found to all appearances, identical organisms in six instances where blennorrhagia in young girls was attributable to other than venereal cause. In the second paper are reported the successful attempts of the authors to cultivate the gonococcus. Positive results were obtained upon bouillon,

agar, and potato. The cultivations showed diplococci in all respects similar to the gonococci. Thus it would appear that cultivation is not sufficient to make the diagnosis absolute. If the observations of different authors are compared, it will be seen that they are not in accord either as to the best media for cultivations, the proper temperature, the length of time required, or the appearance of the colonies of cocci after they have developed. In the author's own hands the results have not been uniform.

They are, hence, of opinion that in the present state of knowledge it is impossible to recognize the gonococcus with absolute certainty, and to distinguish it from other micrococci to be found in vaginal secretions. In the last article, upon "the gonococcus in legal medicine," it is stated that, in the authors' experience, only one variety of micrococcus is found in the acute vulvitis of little girls; and this presents all the features of the gonococcus.

In conclusion, they feel justified in the statement that at the present time the question of the gonococcus is far from being solved with that complete certainty which forensic medicine requires, and believe that in no case is the expert authorized in affirming the blennorrhagic nature of a vulvitis based upon a bacteriological examination, no matter how complete.—*Journal of Cutaneous and Genito-Urinary Diseases.*

THERAPEUTIC PROPERTIES OF LYSOL.

Michelsen (*Centralblatt für Gynäkologie*. No. 1, 1891) has made a careful trial of lysol, a coal tar product obtained from kresole, a higher homologue of carbolic acid. This new antiseptic is readily soluble in water, and is said to be superior to carbolic acid and creolin as a germicide. The aqueous solution has a soapy feel, and in gynecological practice renders the use of a lubricant unnecessary. This same quality, however, is often an inconvenience, as instruments and ligatures subjected to the action of an efficient solution (5 per cent.) become slippery and difficult to handle.—*Univ. Med. Mag.*

CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

The Second Triennial Session of the Congress meets in Washington, D. C., September 22d to 25th, inclusive. It is composed of the members of those National Medical Societies whose names and Secretaries are given below, and of foreign guests specially invited by the Executive Committee. To enable a physician residing in the United States to become a member of the Congress, with the right to participate in its proceedings, it is necessary that he be a member of one of these Constituent National Societies. A physician may be accredited as a visitor to the Congress by any one of the Constituent Societies. The certificate of the Secretary of one of these societies to the effect that he is thus accredited will enable him to register upon payment of the registration fee, which registration will entitle him to a card of admission to the President's reception and to a copy of the Transactions of the Congress, but not to take part in the deliberations of the Congress. The following are the names of the Constituent Societies in the order of date of their organization, their place of meeting, and the names and addresses of their respective secretaries, to whom inquiries, as to mode of obtaining membership, should be addressed: American Ophthalmological Society, Ladies' Parlor, No. 2, Arlington Hotel; Secretary, S. B. St. John, M. D., Hartford, Conn. American Otological Society, Ladies' Parlor, No. 1, Arlington Hotel; Secretary, J. J. B. Vermyne, M. D., New Bedford, Mass. American Neurological Association, Parlors 182 and 183, Arlington Hotel; Secretary, Græme M. Hammond, M. D., 58 West Forty-sixth Street, New York City.

American Gynecological Society, Lecture Hall, Columbian University, 15th and H Streets N. W.; Secretary, H. C. Coe, M. D., 27 East Sixty-fourth Street, New York City. American Dermatological Association, Parlor, The Shoreham; Secretary, George Thomas Jackson, M. D., 14 East Thirty-first Street, New York City. American Laryngological Association, Parlor A, Arlington Hotel; Secretary, Charles H. Knight, M. D., 20 West Thirty-first Street, New York City. American Surgical Association, Main Hall, Grand Army Building, 1412 and 1414 Pennsylvania Avenue; Secretary, J. R. Weist, M. D., 118 North Eighth Street, Richmond, Ind.

American Climatological Association, Hall No. 2, Grand Army Building, 1412 and 1414 Pennsylvania Avenue; Secretary, J. B. Walker, M. D., 1617 Green Street, Philadelphia, Pa. Association of American Physicians, Hall No. 1, Grand Army Building, 1412 and 1414 Pennsylvania Avenue; Secretary, Henry Hun, M. D., 33 Elk Street, Albany, N. Y. American Association of Andrology and Syphilology, The Shoreham; Secretary, J. A. Fordyce, M. D., 66 Park Avenue, New York City. American Orthopedic Association, New Reception Room Arlington Hotel; Secretary, John Ridlon, M. D., 337 West Fifty-seventh Street, New York City. American Physiological Society, Parlor 181, Arlington Hotel; Secretary, H. Newell Martin, M.D., Baltimore, Md. Association of American Anatomists, Hall No. 3, Grand Army Building, 1412, 1414 Pennsylvania Avenue; Secretary, D. S. Lamb, M. D., 800 Tenth Street, Washington, D. C. American Pediatric Society, Parlor 206, Arlington Hotel; Serectary, W. D. Booker, M.D., 851 Park Avenue, Baltimore, Md.

All physicians are invited to attend the meetings of the Congress and the public meetings of the Societies, but only those may register who are members, specially invited guests, or visitors accredited through the Secretaries of Constituent Societies. The registration office will be in Parlors 1 and 2 of the Arlington Hotel. From this office the mail of members and invited guests will be distributed, and here the city address of each member, guest, and accredited visitor can be ascertained. All members, invited guests, and accredited visitors should register as soon as possible. A registration fee of five dollars will be required of all members and accredited visitors. Invited foreign guests will register, but will pay no registration fee. A copy of the published Transactions of the Congress will be sent to all members, and to each invited guest and accredited visitor who is registered. Only those who register, and the ladies accompanying them, will be admitted to the reception of the President of the Congress. It is recommended that members effect registration in advance of the meeting by filling out the blank certificates of registration which will be sent to each member about September 10th, and forwarding these certificates, with the requisite fee, to Dr. John S. Billings, Treasurer of the Congress. The sessions of the Congress will be held from 3 to 6 P. M., daily, in the main hall of the Grand Army Building, 1412 and 1414 Pennsylvania Avenue. The President of the Congress, Dr. S. Weir Mitchell, of Philadelphia, will deliver an address Wednesday evening, September 23d, at 8 P. M., "On the History of Instrumental Precision in Medicine." Members of the American Surgical Association and of the Association of American Physicians will conjointly entertain their foreign guests at a dinner at the Arlington Hotel, Thursday, September 24th, at 8 P. M. The American Gynecological Society will give a dinner at the Arlington Hotel, Thursday evening, September 24th. The American Orthopedic Association will give a dinner at the Hotel Arno, Thursday evening, September 24th. The American Laryngological Association will give a dinner at the Hotel Arno, Thursday, September 24th,

at 7 P. M. The American Pediatric Society will give a dinner at the Arlington Hotel, Thursday evening, September 24th. The American Dermatological Association and the American Association of Adrology and Syphilology will conjointly give a dinner Tuesday evening, September 22d. The American Neurological Association will give a dinner at the Hotel Arno, Thursday evening, September 24th. The American Climatological Association will give a dinner, the time and place to be announced hereafter.

Officers of the Congress.—S. Weir Mitchel, M. D., President; Presidents of Constituent Societies, Vice-Presidents, ex-officio; William Pepper, M. D., Philadelphia, Pa., Chairman of Executive Committee; John S. Billings, M. D., Washington, D. C., Treasurer; William H. Carmalt, M. D. New Haven, Connecticut, Secretary.

Medical Items.

The American Association of Obstetricians and Gynæcologists will hold its fourth annual meeting in the New York Academy of Medicine's building on Thursday, Friday, and Saturday, September 17th, 18th, and 19th.

Graham Lusk, Ph. D., who has been a student of Professor von Voit's for the past three years, has been appointed to lecture on physiology for the coming year in the Yale Medical School, in place of Dr. Thacher, deceased.

According to the *Lancet's* Berlin correspondent, Helmholtz attained the age of seventy on August 31st, and Virchow will reach the same age on October 13th. The students of the University of Berlin are to celebrate both birthdays by a *Commers* to be held on November 7th.—*N. Y. Med. Jour.*

The death of Dr. Abram du Bois, of New York, took place on Saturday, August 29th. Dr. du Bois was eighty-one years old, and had for many years been a prominent practitioner. He was a man of exceptional devotion to the interest of his profession, as is notably attested by large gifts to the Academy of Medicine.

The annual session of the Southern Surgical and Gynæcological Association, will be held in Richmond, Va., Tuesday, November 10th, 1891. Dr. Hunter McGuire, of Richmond, is Chairman of the Committee of Arrangements. The President of the Association is Dr. L. S. McMurtry, of Louisville, Ky.; the Secretary is Dr. W. E. B. Davis, of Birmingham, Ala. Further official reports of its proposed work will be published in the *Virginia Medical Monthly* for October and November.

The examination of applicants by the Medical Examining Board of Virginia will begin at 9 A. M., sharp, Wednesday, Oct. 7th, 1891, in the Hall of the Young Men's Christian Association of Lynchburg, and will continue for two days. Applicants must be on hand from the beginning of the first examination, which will be on chemistry. They must bring the examination fee of $5 with them and must, before they can take the examinations, obtain a permit from Dr. Irving, who will be in the hall an hour before the appointed time. Information concerning the details of these (written) examinations, may be obtained from Dr. Paulus A. Irving, Farmville, Va.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 21. BALTIMORE, SEPTEMBER 19, 1891. NO. 547

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Original Articles.

OVARIOTOMY DURING PREGNANCY.*

BY CHRISTIAN FENGER, M. D., OF CHICAGO, ILL.

It would seem strange to bring this important subject before the Society with only one case as an illustration. I do not pretend to bring forward anything new or anything of my own in this connection, but merely desire to present to the Society the thoughts and reflections that I experienced after looking over the literature on the subject. This has been the more interesting to me because of the radical changes in the views as to the choice of treatment of this condition which have taken place within the last ten years.

CASE.—Mrs. G. E., 30 years of age, primipara. Health always good up to the time of this sickness; she had never been treated for any uterine disease. First menstruated at 14; until the nineteenth year she was occasionally troubled with frequent and profuse menstruation. From the nineteenth to the twentieth year the menstrual flow was regular, but scanty. After the twentieth year it again became normal, and continued so until the time of last menstruation, May 21st, 1890.

She was married in 1886 at the age of 25, and was well from that time until pregnancy, with the exception of some attacks of pain in the lower part of the abdomen, radiating from the lumbar to the inguinal regions. The pain would come on suddenly, had no connection with menstruation, would last from fifteen min-

*Read before the Chicago Gynecological Society.

utes to half an hour, and would be followed for several days by tenderness over the lower part of the abdomen. She generally felt chilly during these attacks but had neither fever or vomiting. She has had five attacks in all: the first one five years ago, the second a few days later, the third a month later, the fourth a year after the third, and the last attack during January, 1890. Dr. Hartman, her family physician, to whom I am indebted for the information as to her previous history, considered these attacks to be ovarian colic. She consulted Dr. Hartman on July 26th, 1890, when she complained of failing health, general weakness, loss of appetite and flesh, having lost sixteen pounds within five weeks. She further complained of pain and considerable tenderness in the left inguinal region, and had not menstruated since May 21st.

On bimanual examination the uterus was found slightly enlarged, mobile, and pushed over to the left side by a tumor which partially filled the pelvis minor. It did not appear to be firmly adherent to the uterus. An upper portion of the tumor projected above the brim of the pelvis in the right lower part of the hypogastric region. It appears movable. The surface, although smooth, was not uniform in appearance, inasmuch as the portion in the large pelvis appeared to be solid, while the portion felt through the vagina was elastic and appeared to fluctuate. Dr. Hartman made a diagnosis of dermoid cyst, and this diagnosis was confirmed by the examination October 24th, 1890. The gravid uterus was now found projecting in the hypogastric region, the size of the uterus of the fourth month. Auscultation revealed uterine bruit, but no fetal heart sounds. The tumor had also increased in size, and on examination was found to almost fill the pelvis minor. The wall was in some parts hard and nodular. The upper part could now be only indistinctly felt, as it was covered by the gravid uterus. The patient had not felt any fetal movements, but had had frequent shooting pains in the mammæ, which as yet were not enlarged or changed in appearance. Her general health had improved during the summer.

October 24th I examined the patient in consultation with Drs. Hartman and Lee, and confirmed the diagnosis of dermoid cyst in the small pelvis on the right side of the uterus, and pregnancy of the fourth month. The ovarian tumor was immovably fixed in the small pelvis, and the vaginal portion of the uterus could now be felt high up to the left side and apparently movable against the tumor.

In consultation held as to what course to pursue, it was thought likely that this ovarian cyst, which almost filled and was incarcerated in the small pelvis, might be a dangerous complication to the delivery, or might rupture later on in the course of pregnancy. After considering the choice between the induction of premature labor and subsequent ovariotomy, on the one hand, and ovariotomy during pregnancy, on the other hand, the latter was decided upon, and the patient taken to the Emergency Hospital and prepared for laparotomy in the usual manner.

October 30th, in the presence of the doctors from the Polyclinic and some of my students from the college, and assisted by Drs. Bernauer, Lee and Hartman, the anæsthetic being administered by Dr. Rosa Engert, the operation was performed as follows:

An incision was made in the median line from the symphysis pubis to the umbilicus, the pyriformis muscle transversely divided, and the parietal peritoneum sutured to the skin. The gravid uterus presented through the abdominal wound, and the tumor could be felt deep down and behind the uterus, but was inaccessible until the incision had been prolonged above the umbilicus to midway between the latter and the ensiform cartilage.

On introduction of the left hand into the abdominal cavity, a cyst could now

be felt, of the size of a small child's head, the lower part of the tumor filling the small pelvis to the right of, and behind the uterus, an upper portion projecting up into the pelvis major. The cyst was so firmly incarcerated in the small pelvis that it could not be removed so as to bring it up into the wound. As I expected to find a dermoid cyst, I did not want to empty its contents in order to facilitate its removal. Therefore I enlarged the abdominal incision still a little further upward, and everted the gravid uterus out through the wound. The uterus was wrapped in warm aseptic cloths soaked in sterilized water, and was held on the outside of the abdominal cavity and to its left side by Dr. Bernauer.

I now introduced the left hand down into the small pelvis behind the cyst, and lifted it up and out through the abdominal wound. It was found to have a smooth surface and to be non-adherent. After having packed the abdominal cavity around the pedicle, the cyst was removed entire. It was somewhat difficult to ligate the broad ligament, as the pedicle was short, especially in the upper part of the broad ligament, which was unfolded and filled by the gravid uterus. The pedicle was transfixed and then dropped, without, as I usually do, dividing it on the clamp by Paquelin's cautery, because the pedicle was too short to permit the application of the clamp. After dropping the pedicle, the cloths around the uterus were removed, and, after turning the patient on the side, a pitcher of sterilized water was poured over the uterus, which, after the removal of the large flat sponges, was replaced. It was somewhat difficult to push the uterus back through the wound, the borders of which had to be tightly drawn during its replacement. Several small, subserous ecchymoses had formed on the surface of the uterus during its stay outside. Small sponges on sponge holders, pushed down behind the uterus, showed the abdominal cavity to be free from blood and serous fluid. The abdominal wound was then united with alternate deep and superficial sutures; no drainage.

At the end of the operation, which lasted an hour and a quarter, the patient was in natural condition; pulse 90, strong; no symptoms of collapse.

The second evening after the operation temperature rose to 100.8°, pulse to 96. During the rest of the first week after the operation the morning temperature did not reach 99°, the evening temperature being about 99°. During the second week morning temperature was normal, the evening temperature about 99°. From the beginning of the third week the temperature remained normal.

During the first two weeks the only important symptom was occasional severe paroxysmal pain, simulating uterine contractions; it could, however, be controlled by repeated hypodermic injections of a quarter of a grain of morphine. This pain made me fear impending abortion, but it gradually decreased, and entirely ceased at the beginning of the third week.

On the fifth day the dressings were changed and the wound found to be perfectly dry and aseptic. The patient was sitting up at the end of the third week.

The subsequent course of the pregnancy was entirely normal, and on February 19th, 1891, the patient fell in labor, which lasted fifteen hours, the child being delivered by forceps. The child was fully developed, at full term, and weighed six pounds. The convalescence after delivery was not attended by fever, but was somewhat tedious. The patient had only a small quantity of milk, and so, after three weeks, artificial alimentation was tried, but proved injurious to the child. A wet-nurse was then procured, after which the child recovered and is now doing well. The mother regained her strength slowly but fully; she suffered for a time, however, from looseness of the bowels and indigestion.

In the cicatrix at the line of incision and at the point of insertion of the su-

tures a remarkable degree of pigmentation took place. Dr. Hartman stated that the entire cicatrix became deeply pigmented—in fact, almost black. The patient herself declared that this pigmentation did not begin to appear until after labor (?). It reached the maximum degree of color after delivery, from which time it began to fade, and at the end of nine weeks had almost disappeared, leaving only a light-brown cicatrix.

The tumor was a dermoid cyst with the usual characteristics of such tumors. At the time of removal it was about the size of a child's head at term; it now appears considerably smaller, on account of the shrinking of the cyst wall in the alcohol. The outer surface is smooth, free from adhesions, but uneven; in some places thin, in others consisting of hard, nodular tumors from a quarter of an inch to an inch in diameter. One portion of it forms a solid mass the size of a small hen's egg, which consists of whitish solid tissue and included a cyst, the size of a walnut, densely packed with brownish hair. On the inner wall of the largest cyst, which is smooth in its upper portion, may be seen, down near the large tumor, a number of smaller cysts from the size of a pea to that of a hazelnut. In some places the cyst wall is quite thin and transparent, indicating the liability of rupture upon manipulation or by pressure during delivery.

Remarks.—Ovarian tumors, which are at all times a source of danger, are still more so when complicating pregnancy, as the two conditions when in combination mutually influence each other, to the detriment of both mother and child. The ovarian tumor is subject to acceleration of growth, to more rapid development, during pregnancy. The gravid uterus is liable to cause torsion of the pedicle by changing the form and position of the latter, or by circulatory disturbances in the pedicle, resulting in gangrene or perforation of the cyst. When situated in the pelvis minor, an ovarian tumor is especially liable to become an obstacle to the delivery of the child, and to cause difficult and consequently dangerous labor which may result fatally to both mother and child.

In discussing the measures for the prevention of these dangers, we will first consider the fate of the mother and child when the pregnancy is left to run its course. The dangers to the mother, as gathered from the statistics, are the following: Litzmann has collected fifty-four cases, with twenty-four maternal deaths; Jetter, two hundred and fifteen deliveries in one hundred and sixty-five mothers, with sixty-four deaths: Playfair, fifty-seven deliveries, with twenty-three deaths; Braxton Hicks, six deliveries, with no deaths; Rogers, five deliveries, with no deaths; Spencer Wells, eleven deliveries, with one death; Fritsch, four deliveries, with one death. In all three hundred and fifty-five deliveries are reported, with one hundred and thirteen maternal deaths, or a maternal mortality of about thirty-two per cent.

The mortality to the children from either abortion or premature labor, according to Engström, is much greater. In a series of two hundred and sixteen cases a mortality is reported of forty-eight per cent.

The proliferating cystoma is the form of cyst most commonly observed. They are frequently located outside of the small pelvis, and are often overlooked during pregnancy. They rapidly increase in size, and may cause over-distension of the abdomen and severe pressure symptoms from the organs of the abdomen and thorax, necessitating speedy relief. In such cases the treatment by puncture comes in question. As these cysts are located outside of the small pelvis, they are not liable to prove a serious impediment to delivery. Thus it would seem that small dermoid cysts located in the pelvis minor constitute the gravest complication of ovarian tumors with pregnancy.

Dermoid cysts are common. Jetter found thirty-seven dermoid cysts in one hundred and sixty-five cases. They are often small and thus remain in the pelvis; are easily diagnosed by vaginal examination, and, therefore, as Olshausen states, are seldom overlooked. These are the tumors which most frequently prove a serious difficulty at the time of delivery, when immovably incarcerated in the pelvis minor.

Puncture of the dermoid cyst is dangerous, as its contents are more poisonous than that of most of the other ovarian tumors; but puncture becomes unavoidable at the time of delivery when the cyst cannot be pushed out of the way up into the abdominal cavity. The usual location of dermoid cysts in the pelvis minor makes liable the occurrence of spontaneous rupture during delivery, with consequent septic peritonitis resulting partially from infection from the contents of the cyst and partially from mixed infection through the puerperal wounds.

Treatment.— While, outside of pregnancy, prompt extirpation of an ovarian tumor is always indicated, widely different measures have been advocated for the treatment of ovarian tumors when complicated with pregnancy.

1. Induction of abortion and premature labor has been recommended by Barnes, but in most cases this sacrifices the child and is not without danger to the mother. In five cases cited by Olshausen two mothers died. As ovariotomy necessarily must follow, this method of treatment exposes the mother to the dangers of two serious operations.

2. Puncture of the cyst to relieve the symptoms and so permit natural labor to be undisturbed. This procedure, like the preceding one, is of course only temporary and resorted to with a view of awaiting the earliest opportunity for ovariotomy. Puncture of the ovarian tumor may relieve the dyspnœa and prevent abortion. It is not more dangerous in pregnancy than under ordinary circumstances, but the puncture of ovarian tumors in general is attended by a mortality of nineteen per cent. Cohn states that one out of every six ovarian cysts is malignant; therefore, puncture might cause rapid diffusion of the malignant tumor in the peritoneal cavity—malignant peritonitis. The more rapid growth of ovarian tumors during pregnancy is apt to cause refilling of the cyst after puncture, and thus necessitate repeated punctures, which, of course, will increase the danger to the mother. Cohnstein states that of six mothers in whom puncture had to be repeated three or more times during pregnancy, five, or eighty-three per cent. died within a short time after delivery from exhaustion. Puncture does not predispose to the interruption of pregnancy in more than eighteen per cent. of the cases.

The difficulty in differential diagnosis between an ovarian tumor and the gravid uterus is apt to lead to puncture of the latter. Olshausen states that in seven cases the uterus was mistaken for an ovarian tumor and punctured. The operator then made a Cæsarean section, sutured the uterus, and closed up the abdomen. This was done in five cases with success; in two cases the puncture terminated fatally.

3. During the last few years a third method of treatment of ovarian tumors during pregnancy has come into the field, namely, ovariotomy during pregnancy. This operation is comparatively new, as in 1877, according to Olshausen, only fourteen cases were on record. In the next year over forty cases were on record, and now this method of treatment bids fair to become a regularly established procedure. Although ovariotomy in the pregnant woman was at first performed with a good deal of apprehension, it has been seen from the very beginning that the dangers were highly overrated, and that the mortality for mother and child

has been decreased by this operation far beyond our expectations. In 1886 Olshausen collected eighty-two cases with only eight deaths, but he points out that individual operators had a much lower mortality, as out of thirty-six cases operated upon by Lawson Tait, Spencer Wells, and Schroeder, only one mother died.

Engström, in 1890, reported a series of forty-eight cases with only two maternal deaths, or a mortality of four and two-tenths per cent., as follows: Schroeder, twelve cases, no deaths; Lawson Tait, eleven cases, one death; Spencer Wells, ten cases, one death; Olshausen, eight cases, no deaths; and Engström, seven cases with no deaths.

I consider the mortality of the operation to-day to be below five per cent.; therefore ovariotomy during pregnancy is not any more dangerous than this operation in the non-pregnant condition.

The fate of the child is influenced by this operation to a like favorable degree. According to Olshausen, abortion follows ovariotomy in only twenty per cent. of the cases; hence eighty per cent. of the children were born at full term. When we compare this with the mortality to the children of forty-eight per cent. with non-interference, we see that by ovariotomy twenty-eight per cent. of the children are saved.

It is generally thought, and probably it is true, that the earlier in pregnancy an ovariotomy is performed the more favorable is the result. Wilson states that ovariotomy becomes less favorable after the fifth month, because, as Schroeder has pointed out, the operation becomes more difficult by shortening of the pedicle on account of the unfolding and filling in of the broad ligament to which the tumor belongs by the gravid uterus. Late in pregnancy the size of the uterus naturally makes the operation difficult by decreasing the available operating space in the abdominal cavity. This sometimes necessitates the inconvenient lateral operation to gain access to the ovarian tumor. The vascularity of the tumor and pedicle late in pregnancy always increases the difficulty of the operation. But in such cases the facts have proven a surprise to our expectations. Olshausen reports twenty-one cases operated upon after the fourth month, with only two deaths. Pippingsköld reports an operation made after the commencement of labor which resulted successfully. Stratz reports fourteen operations performed by Schroeder, with no maternal deaths and with twelve living children, and formulates the answer to the question whether ovariotomy should always be performed during pregnancy, that it should be done as soon as the diagnosis is made, because:

1. Ovariotomy is inevitable, and its prognosis is not aggravated by the presence of pregnancy.
2. Delivery in childbed without the tumor has a much better prognosis than when the tumor exists.
3. One out of six tumors is malignant, contra-indicating puncture.
4. Prognosis for children is much better.

He formulates the following conclusion: "The complication of ovarian tumor with pregnancy indicates ovariotomy."

In the discussion which followed the reading of this paper, Weit and Löhlein protested against laying down absolute rules, and suggested that it might be well to individualize. Schroeder, however, fully supported Stratz's recommendation always to operate.

Final Remarks.—Small tumors in the pelvis minor are especially dangerous to the child and mother, as has been well illustrated in a case published by Lomer,

in which a secondipara 21 years of age, who had an ovarian tumor in the small pelvis the size of a child's head, after rupture of the bag of waters, extraction by the foot was tried in vain. Prolapse of the umbilical cord and death of the child resulted, followed next day by version in narcosis, during which the child's head was torn off, and the patient died from collapse in three hours.

In another case, published by Nölting, a small ovarian tumor in the pelvis made delivery difficult in the following way: Forceps were first applied in vain; puncture of the tumor evacuated only a small amount of blood. The child died, and was only extracted after perforation, and still with difficulty, as the tumor came down so far in Douglas' fossa that prolapse of the rectum took place. The patient died after four days of peritonitis. The autopsy showed a double twist of the pedicle, with rupture of the cyst.

Instances of this kind, on the one hand, and the low mortality of ovariotomy during pregnancy on the other, would tend to lead to the conclusion that in small ovarian tumors located in the small pelvis and diagnosed during pregnancy, immediate ovariotomy is the safest procedure.

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EMERGENCY TREATMENTS IN CASE OF CHRONIC BRIGHT'S DISEASE.

BY CLARENCE WARFIELD, M. D., GALVESTON, TEXAS.

Appreciating the fact that by comparison and discussion we are inclined to get at more new facts, or revive the old ones that are too good to be forgotten, I submit the following to illustrate a suggestion I wish to make in regard to the "emergency treatment" in a certain form of chronic Bright's disease.

The case referred to is a German, Capt. H. G. Lubben, age 61, married thirty years, has six children, has followed the sea for twenty years, but has been a resident of Galveston, Texas, for nearly thirty years. Throughout the early part of his life he has been a great sufferer from inflammatory rheumatism, the outcome of which is the existence of an organic heart murmur. About two years ago he was troubled with frequent pains in the back of his head, which seemed to radiate down the spine; these have continued in a more or less degree ever since. On March last he began to lose flesh, a continual languid feeling being present at all times, accompanied with anorexia, etc. Was treated at the time for stomach and liver trouble, which seemingly not responding to treatment, his attending physician, an able pathologist of this city, made an examination of his urine, both analytically and microscopically, and found it loaded with albumen, and all the representative casts to justify a diagnosis of chronic Bright's disease. Scarcely any œdema had made its appearance up to this period, but direct notice being brought to the fact of the existing trouble, a careful examination was made of the body, with the result of finding only a small amount of œdema at the ankle joints, not enough to cause the patient any trouble in wearing his shoes. A slight puffiness under the eye-lids had existed for years. He now began to fail rapidly.

A course of Glauber salts, nitroglycerian infusion of digitalis, etc., were prescribed and administered, but the decline could in no way be checked. There were periods when he was perfectly rational, at others when an intoxicated state existed, and these irrational periods became more frequent. It seemed to be a state

of large waxy kidney, on account of entire lack of any retinal troubles, scarcity of œdema in the most frequent seats, no hæmorrhage, increased amount of urine, amount of urea lessened and increase of urates; sp. gr. 1010, and hyaline casts in large quantity. With these relapses into a semi-comatose state, there was an accompaniment of stertorous breathing. At this period his attending physician was called away to take the chair of principles and practice in Michigan, so referred the case to me, with advice to ease the old gentleman as much as I could, as he would live but a short while.

My examination confirmed the diagnosis of my colleague in every respect, and, seemingly, there was very little left to do. It then occurred to me that I could strengthen the diseased heart somewhat and as a last chance I would endeavor to eliminate some of the poison which was overpowering reason, so in consequence I began to administer tinct. strophanthus hypodermatically, in a 20 m. dose, repeated every hour, for three hours, then waited one hour and gave him by the same method ⅛ gr. hydrochlorate of pilocarpine. At the period of the administration of the pilocarpine, the state of coma was almost complete, and every indication of a speedy ending. In fifteen minutes he began to sweat, the water running from him in quantities, and the odor emitted from same being of a fœtid character and almost unbearable.

Watching his heart, I noticed that the character of its beat was somewhat feebler, as though having received a shock, but it kept on beating, and after the effects had somewhat worn off, commenced to strengthen somewhat in volume and intensity; by night there was quite a change, when he began to revive considerably, spitting up mouthsful of a mucoid substance. Next day I repeated the dose of the previous day and did so also for five consecutive days. His improvement was rapid and on the fourth day he not only became perfectly rational, but expressed a desire for food, which was given him sparingly, and of a nutritious character, and on the seventh day he sat up, though very weak. I then stopped all medicines and commenced to stimulate him in every sense of the word, and on the tenth day he was up and walking around the house, visiting me at my office on the fifteenth day.

The œdema, which had increased up to the time of the administration of the drug, gradually diminished so that his shoe could again be readily put on, and now he is to all appearances a hearty, well man, though, of course, the structure of the diseased kidneys are changed as yet but little, and a recurrence of the same state may take place at any time, though there are no reasons, in my mind, why a careful anticipation, and repetition of the same course will not work as well again. I prescribed tinct. strophanthus and Buffalo lithia, along with a stimulating diet, and now my patient's brain is as clear as it was at any period of health.

Society Reports.

MONTGOMERY COUNTY MEDICAL SOCIETY.

MEETING OF AUGUST 18TH, 1891.

Dr. Linthicum reported a case of Dr. Anderson's, which he also examined, of an old colored woman who was taken with symptoms of intestinal obstruction, such as constipation and vomiting, and finally of stercoraceous matter. Treatment consisted in part of 2 grain doses of calomel until 10 grains were taken,

injections of warm water, and ¼ grain hypodermics of morphia to relieve pain. Finally some milk was retained, but she died. A post-mortem examination revealed the presence of a biliary culculus about the size of a walnut, which had traveled through the jejunum and into the ilium and had lodged about half way down the intestinal tract. The specimen was exhibited.

Dr. Elgin gave the history of a case of dysentery in a woman 25 years of age, where he was giving from ½ to 1 grain of opium and bismuth, and grain ⅓ of morphia, and patient improved on it; and in his absence patient took 60 drops of laudanum, without any deleterious effect, but the contrary, with a rapid convalescence. The Dr. thought that in such cases we might give more opium with advantage than we at present give.

Dr. Brooke asked for the best drugs to arrest the vomiting of pregnancy. He has under treatment a case three months gone in pregnancy. Has used oxalate of cerium, bismuth &c., to no effect.

Dr. Lewis recommended compound liquorice powder. Dr. Elgin suggested nux vomica, or cocaine 4 per cent. solution 4 or 5 drops. Carbolic acid was also recommended.

Dr. Iddings, Sr., had seen the good effects of Murdock's liquid food in small doses.

Dr. Stonestreet stated that in cases where he had tried many remedies, ingluvin, gr. 5, three times daily, increasing to gr. 10, had arrested vomiting, also gr. 30 of bromide of potassium in starch had been effectual.

Dr. C. E. Iddings asked how long we could live with continued lingultus or hiccough? He had it for ten days and was becoming very weak, and had tried the various remedies without avail, when a lady friend sent him damson juice to try. He did try it and immediately this distressing malady ceased. Dr. Lewis reported a case where damson juice had also ended this neurosis.

Dr. Lewis asked for treatment in a case of aneurism of the femoral artery where it enters Hunter's canal. It was thought more satisfactory to send such cases to a hospital. Dr. Lewis also reported the case of a bachelor of 60 years old, who had weakness in leg, reflex lost in knees, could not stand or walk with eyes shut, being a case of locomotor ataxia. In early life had syphilis. He was put on gr. 15 of iodide of potassium three times a day, with tincture gentian and $\frac{1}{30}$ gr. strychnia. The patient is now apparently well. It was thought by the profession present that syphilis was never entirely eradicted from the system, and is liable to crop out even years after a seemingly perfect cure.

CHAS. FARQUHAR, M. D., Secretary.

DANGER OF COCAINE IN URETHRAL SURGERY.

Dr. Glenn (*Southern Practitioner*, April, 1891), presents the following conclusions:

1. Cocaine is a most potent and wonderful local anodine, but not void of danger.
2. Its use should be positively forbidden in the recently cut or denuded urethra.
3. Prepared after the manner of Glück (with phenol), it is equally unsafe to apply to an abraded urethra.
4. The use of cocaine in the urethra is attended with more risk than when applied to any other part of the body.—*Jour. Cutan. and Genito-Urin. Dis.*

An excellent remedy for warts and corns is a solution of salicylic acid in flexible collodion. A saturated solution is best.—*Ex.*

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

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BALTIMORE, SEPTEMBER 19, 1891.

Editorial.

A SUCCESSFUL MEETING OF ONE OF OUR COUNTY MEDICAL SOCIETIES.

With pleasure we present to our readers in another column an extract from the proceedings of the Montgomery County Medical Society, meeting August 18th, sent us by its secretary, Dr. Charles Farquhar, of Olney, Md.

It speaks well for the future of Medicine in Maryland that so many busy practitioners should leave their comfortable homes after the day's labor, to take part in a society meeting. Judging from the extracts, the session must have been both interesting and profitable, a credit to all who took part in it.

We hope that the time may soon come when we shall receive from every county in the State, accounts of the proceedings of such local medical societies.

The full development of medical life in a community requires professional gatherings. Isolated from one another, practitioners will always lack that enthusiasm for the *Profession*, that kindness of feeling towards one another, that stimlus to better work, that knowledge of other men's methods of treatment, that influence upon the thoughts and actions of the public, which active associations beget and foster.

THE NEW ENGLAND MEDICAL MONTHLY.

This well-known medical journal, founded and edited with such marked enterprise and ability by Dr. W. C. Wile, has recently celebrated its tenth anniversary by issuing a souvenir edition, which has been gotten out in the very best style of the publisher's art.

This journal has occupied a conspicuous position among American medical periodicals, and we bespeak greater usefulness and success in the future.

DISSEMINATE PARASITIC PERIFOLLICULITIS.

Having observed in several cases an eruption on the skin with peculiar subjective symptoms and well-defined lesions, Dr. Ohmann-Dumesnil (*N. O. Med. and Surg. Jour.* Sept. 1891), after searching standard text-books of diseases of the skin in vain for a description corresponding to these cases, has ventured to classify them as a new disease and to name it as above.

The disorder resembles sycosis, but is located on other parts of the body than the face and neck, where sycosis is found. The first symptom is a burning in the skin, accompanied by itching. Upon examination at the affected spot, small red macules are formed, more or less clustered together and about the size of a pin's head. In the centre of each of these macules is a rather coarse lanugo hair. The color of the macule is bright red, approaching scarlet and suggesting an acute inflammatory process. After from forty-eight hours to three or four days the character of the lesion changes. It becomes yellow in color, painful to the touch, and more itchy. If a hair be extracted or the epidermis be punctured, a drop of pus exudes. The lesion has now become distinctly pustular. Scratching opens the pustules easily and the contained pus is found to have auto-infectious properties. If the patient scratches the affected parts, other parts subsequently scratched may become inoculated.

The regions of the body most often affected are the anterior surface of the thigh and leg, and the chest, the axilla and the dorsum of the hand. The first manifestations are usually upon the anterior surface of the thigh. A few macules appear here, and after a time may spread to any part of the body which is supplied with coarse, lanugo hairs. Dr. Ohmann-Dumesnil has never seen it upon the scalp, face or pubis, but these regions may not always be exempt from its invasion. As the number of lesions increases, the itching and pain increase in intensity. The pain is often so great that it may at times prevent the patient from walking and confine him to bed.

The disease has not been found in children nor in women.

The disorder is seen to consist of macules developing slowly into pustules. The pus collects about the hair, and does not elevate the upper layers of the epidermis, but has a tendency to spread laterally. That it is a *perifolliculitis* is proven by the fact that hairs which are extracted do not show any structural changes; and that after the process ceases they have the same appearance that they had before.

Another peculiarity is that it is almost, without exception, found upon the anterior surface of the thigh.

The micro-organism peculiar to this disease has not yet been discovered, although its existence is probable because the disorder can be spread by auto-inoculation, and seems to spread only in this way.

THE TREATMENT

of this affection was simple and eminently successful. Its aim was to get rid of the pus; to prevent further suppuration; and to promote repair. As the hairs are healthy and epilation is painful, it is better to empty the pustules by incisions

with a small knife than to pull out the hairs. To accomplish the second and third objects named, numerous healing applications of parasiticidal drugs may be employed. The pustules thus opened having been emptied of their contents, a solution of campho phenique may be applied, and if the surface is kept continously moistened with this solution, rapid healing will follow. Or the affected parts may be washed twice daily with a 1-500 solution of bichloride of mercury, the skin being *merely dampened* with it, and an ointment containing one part of aristol to *fresh* cold cream or unguentum pomadinum, or, in cases where only a *very small portion* of the surface is affected, an ointment of bichloride 1-500 may afterwards be applied.

All of these methods led to rapid recovery, but doubtless if less care had been exercised in carrying them out, relapses would have occurred.

UNWORKED FIELDS OF MEDICINE.

A few more specialists are needed in Baltimore. In the hurry and toil of daily practice certain departments of therapeutics are undeveloped. This is especially the case with those methods of cure which involve the use of expensive apparatus, or which require long experience or experimentation to bring out their real merits.

To illustrate: the *Apostoli method for the cure of uterine fibroids by electricity* has never received in Baltimore the attention and study which it seems to deserve. Several of our gynæcologists have studied it and applied it to a certain extent, but none can be said to have tested its powers fully in the cure of such conditions. The method is said to require a considerable outlay of money for apparatus, etc., and, moreover, the growths for the cure of which it is adapted are met with usually among the poorer classes. There is wanted a man of some wealth, some general experience in medicine and much patience and enthusiasm, to show Baltimore what can be done in this line.

Next may be mentioned the *employment of inhalations in diseases of the respiratory organs.* This department of therapeutics is an exceedingly important one. There is no specialist known to the medical public of this city who is competent to pass upon the merits of this method of medication from a large and mature experience in its practical applications. The practitioner of Baltimore has not the money and time to devote to the investigation of its virtues. There is probably a good outlook (from the standpoint both of fame and of income), for a competent physician who has the time and the means, and the enthusiasm to develop it fully. And it is likely that saving of life and relief of much suffering would result.

The virtues of *static electricity as a means of cure* need an investigator in Baltimore. Here again the expense of the apparatus and the consumption of time in learning to apply it are drawbacks to the practitioner and even to the busy specialist. It would be a shame if this agent should be neglected until some stranger

from a northern city settles here and teaches us its uses while he gathers its rewards.

Other neglected fields might be mentioned, but these will suffice. Now and then, an advertising doctor appears and attempts to establish himself as the needed specialist. But, what the profession will welcome are men (whether young or old does not matter), of several years' experience in general medicine and of some independent means, who have energy and thoroughness to perfect themselves in these methods and prudence to practise them with due discrimination, and who will, by reputable methods and uprightness of dealing, persuade their fellow-physicians to consult with them and to refer patients temporarily to their care.

Reviews, Books and Pamphlets.

The Mother's Hand-Book; a Practical Treatise on the Management of Children in Health and Disease, with an Appendix containing articles on diseases and accidents that may suddenly happen to grown persons. By LEVIN J. WOOLEN, M. D. Richmond, Va: Everett Waddey Co., Publishers and Printers, 1891.

The volume before us is designed to supply to the heads of families, especially to those living in the country far away from their physician, certain facts which are useful in the bringing up of children and the nursing of the sick. The writer has produced a work full of such useful facts, and well worthy of the perusal of even a trained physician. The methods of treatment given are safe and satisfactory.

There are some points which require criticism. The language in which the information is conveyed is too formal. The anxious mother, worn with nursing, will find the perusal of the chapters on the symptoms of disease sufficiently difficult without having to get the dictionary and search for the meaning of such words as "retrocession" "initiatory" "retraction" "fecal" "serous" "acrid" "virulence" "amelioration" and "residuum." Descriptions of other manufactured foods beside Reed and Carnrick's ought to have been given.

The omission of a description of sterilized milk because the process "is somewhat complicated" is unjustifiable. The uncultured negro mother readily learns to keep the morning's milk sweet for the baby till night without the use of ice by filling half a dozen common bottles for nursing and heating them, stoppered with a wad of cotton, in a tin of boiling water on the stove for half an hour, until all germs are paralyzed or killed, and leaving the cotton stoppers in till nursing-time.

These faults are serious, but it is nevertheless a very excellent book. The printer's work is quite perfect.

Correspondence.

HARLEM PARK, Baltimore, Sept. 3rd, 1891.

Editor Maryland Medical Journal:

DEAR SIR:—On page 390 of your Journal is described "A New Method of Producing Local Anæsthesia by Coagulation." This was accomplished by Dr. Walter Blundell, dental surgeon to the Metropolitan Hospital, London Eng., in

1858, and part of the original apparatus is now in the Museum of the University of Maryland amongst a number of other specimens I presented. The particular instrument is a hollow metal cup, fitting the palatine and labial borders of the maxilla, but for protection from sloughing when intense cold was produced the instrument was lined with chamois skin. Any fluid from ether to water and salt could be used with it. The only fault was intense cold, which caused brittleness of the tooth structure and consequent fracture at times.

Yours respectfully, D. G. M.

Clinical Notes.

NOTES OF THREE CASES OF LOCAL INFLAMMATION TREATED ASEPTICALLY AND ANTISEPTICALLY.

BY J. H. KENNEDY, M. D., ABERDEEN, MD.

In the treatment of these cases nothing septic was allowed to come in contact with the parts and iodoform gauze replaced the poultice.

1. An erysipelatous inflammation of the hand and forearm of the cellulo-cutaneous variety, was bathed in a 1-1000 sublimate solution, and wrapped in iodoform gauze over which was a covering of oil silk or rubber cloth. Pain, heat and throbbing was succeeded by a sense of coolness and comfort. The same dressing was repeated daily and in a remarkably short time the inflammation subsided.

2. Threatened palmar abscess in a railroad laborer whose hand was injured in handling heavy rails; the hand was swollen almost to bursting and distorted out of all shape. A very small opening between the second and third finger on the palmar aspect, from which a yellowish water exuded; pain was intense, patient having slept none for three nights. The hand was relieved of its load of poultice, bathed in sublimate solution and dressed with the gauze, etc. The dressing was renewed twice daily; on the third day the diseased action was fairly under control, the skin having a shriveled appearance and other symptoms of suppuration passing away. The diseased action had reached a point where any other plan of treatment must have resulted in abscess. The tendons of the second and third fingers are still somewhat stiff and contracted after one month. The case was under active treatment nine days and returned to work after twenty-one days.

3. Was a carbuncle on the back of the neck, having been treated by a druggist with a large blister and poultices. The same dressing used as in preceding cases, followed by free incisions and the slough patiently treated with peroxide of hydrogen, curetting and free application of iodoform one part, boracic acid seven. On the second or third day, after opening, the entire mass was removed and healthy granulation immediately followed. In the first and second cases it was apparent that sufficient iodoform was absorbed through the unbroken skin to arrest inflammation and in the third, though too far advanced for arrest, diseased action was controlled and shortened to a very great extent.

Medical Progress.

A USEFUL OBSTETRICAL SUPERSTITION.

A writer in the *Medical Record* says: "Some time since the writer was chatting with a well-known practitioner of this city, who said, there are two classes of pa-

tients who will beat you out of your fees whenever they can—fellows with venereal diseases and parents with babies. I have lost about as much from cases of labor as from any other class.

As the writer has a small practice in obstetrics, he pondered upon the remark of his confrére and sought a proper remedy for the disease. A case for treatment soon presented itself in the persons of two plausible parents, who sought the writer because they had heard of his skill, and had been strongly advised by their friends to come to him, etc. Taking it all in, the writer consented to deliver the mother.

Night of delivery, all things *secundum artem.*

"Doctor, it is not quite convenient to pay you to-night, but if you will kindly wait for a week, it will be all right then." "Oh, certainly, it will be quite as convenient then, for I never lose any money on my obstetrical cases." "Indeed, how so? Why not?" "Oh, because it is getting to be a well-established superstition, based upon facts, that parents who allow their baby boy to start in life with a debt on his head the first thing are sure to have a ne'er-do-well, shiftless son, and the little baby girl is sure to marry a dead-beat." A peculiar expression came over the father's face, and the mother gave an anxious, wandering look at her baby. Half the bill was paid at the next visit and the rest soon after.

The writer is careful to repeat this obstetrical superstition whenever he can, and always to prompt paying patients, who are congratulated that nothing of the sort awaits their little one. These are the ones who spread the good news."

AN ANALYSIS OF 1,008 CASES OF SCARLET FEVER.

Caiger (*Lancet,* June 6, 1891), reports a series of observations made at the Southwestern Fever Hospital of London during 1890. But few cases appeared during the first half of the year. A rapid increase was noted in September, and reached its highest point in October. In studying the age distribution it was found that, beginning with eight cases of children under one year, the number steadily increased with each year of life up to the fifth year, when 123 were admitted. From that time there was a steady decrease in number to the tenth year. The numbers for the two sexes were nearly equal. Under five years the males somewhat exceeded the females, while after that age the preponderance was slightly in favor of the females. The death-rate was 4·67 per cent., which must be considered exceedingly satisfactory. Otitis with a purulent discharge was the most frequent complication. It occurred in 125 cases, or 12·9 per cent. The younger the child the greater the apparent liability to the disease. Though a majority were due to otitis media, a few were caused by simple inflammation of the external auditory canal. There seemed to be a direct connection between the severity of the scarlatinal attack and the early development of this complication. In the milder cases the patients were attacked less frequently and at a later period. The continuance of the discharge varied from a few days to several months. The mastoid was involved in but three cases, and there was no case of pyæmia or meningitis.

Adenitis occurred in 69 cases. This does not include the glandular swelling directly associated with the faucial inflammation. The affection consisted in rapid swelling of one or more of the glands of the neck, usually at the angle of the jaw, attended by a rapid rise of temperature quite apart from the original febrile attack, from which it may be separated by an interval of two or three weeks. It usually rapidly resolves, but in 17 of these cases suppuration occurred. A majority of these patients had no albuminuria, but it was more common in those suffering from adenitis.

Rhinitis, with more or less purulent discharge, occurred in 58 cases. It was frequently associated with otorrhœa and was relatively more common in young children. This does not include those cases in which the discharge occurred during the first week, at the height of the fever. At that time, in common with several others, it is not so much a complication as a symptom, and is of grave prognostic value. Eczema appeared in 32 cases, the most frequent situations being at the junction of the alæ nasi and the upper lip and behind the ears. It was most common in young patients. Simple albuminuria occurred in 3·1 per cent., ulcerative stomatitis in 2·8 per cent., nephritis in 2.7 per cent., rheumatism in 2·7 per cent., and conjunctivitis in 1·24 per cent., of the cases.—*N. Y. Med. Jour.*

IN ACUTE BRONCHITIS.

A simple expectorant mixture in acute bronchitis is:

℞.—Ammon. muriat. . . . . ℥ ss,
Mist. glycyrrhiz. comp . . . . ℥ iv.—M.

Sig.—Take a dessertspoonful every four hours.

The dose is smaller in the extremes of life, and in severe coughs it is given every three hours.

Tablets of the muriate of ammonium and the compound licorice mixture are very efficient. When the secretions are with difficulty brought up, the use of senega is advised.

When the secretions are abundant and not easily coughed up, turpentine in emulsion is an excellent remedy, not so pleasant, perhaps, as terebene or terpine hydrate, but rarely failing to do good in properly selected cases. The formula, with occasional modifications to suit particular cases, is:

℞.—Ol. terebinthin . . . . . ℥ ij. to ℥ iij.
Mucil. acaciæ . . . . . q. s.
Aq. cinnamomi . . . . . ℥ j.
Aquæ . . . . . q. s. ad ℥ vj.—M.

Sig.—A tablespoonful in a little water every four hours.

Ofttimes the cough is of such an irritating character that these ordinary expectorant mixtures avail little; then recourse must be made to a narcotic in some form. Codeine, a very useful alkaloid of opium, has the advantage of not constipating as much as morphine. A good combination is:

℞.—Codeinæ sulphat . . . . . grs. viij.
Syr. prun. Virginian . . . . ℥ ij—M.

Sig.—A teaspoonful in a little water three or four times a day and at bedtime if necessary.—*Therapeutic Gazette*, July, 1891.

CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS—REDUCED RAILWAY FARE TO WASHINGTON.

The following instructions have been mailed to the members of the constituent societies for their guidance in obtaining a reduction in railway fares: The Trunk lines, the New York and Boston lines, the Southern Passenger Association, and the Central Traffic Association, will transport persons wishing to attend the Congress from points on their lines to Washington and return at the price of one and one-third the regular fare on the following conditions: The going ticket must be purchased within three days before the opening date of the meeting. Each person availing himself of the concession must pay full first-class fare going to the meeting, and must obtain a certificate from the agent of whom the ticket is purchased. Those holding such certificates, when countersigned by the proper

officer at the Congress, can obtain return ticket at one-third the highest limited fare. Certificates are not transferable, and the return tickets secured upon certificates are not transferable. If any of them are sold or transferred they must be redeemed at the highest first-class rate by the person making such sale or transfer. No certificates will be countersigned at the Congress except those presented by physicians attending the Congress, or their wives and members of their families; nor will any certificate be countersigned after September 26th. No refund of the fare will be made on account of any person failing to obtain a certificate. Those who wish to avail themselves of this method of obtaining reduction in fares, should present themselves at the office for certificates and tickets at least thirty minutes before the departure of the trains. It is absolutely necessary for each passenger before starting to obtain a certificate from the ticket agent of whom the going ticket is purchased, otherwise he can obtain no reduction in the return fare. There will be no stop-over privileges on the return tickets, which must always be by the same route as the going ticket. Members may obtain tickets on these conditions for their wives and members of their families, as well as themselves. Tickets for the return journey will be furnished only provided the properly countersigned certificates are presented to agent at return starting-point within three days after the adjournment of Congress, Sunday not to be counted as a day.

COFFEE AS A CAUSE OF PRURITUS ANI.

A correspondent thus relates a personal experience: "For many years I suffered from the most aggravated form of pruritus ani, which refused to yield to any one of the many remedies applied for its relief—nothing seemed to have the slightest effect in ameliorating the torture to which the intense itching subjected me. After exhausting the pharmacopœia I began to abstain from certain articles of food; one after another was dropped from my dietary for several weeks, but without effect until coffee was reached. An abstinence for a period of two or three weeks resulted in complete relief from the distressing symptom. As a matter of experiment the use of coffee was resumed for several days with the effect of reproducing the pruritus; the experiment was tried several times with the same result. A year without coffee has been to me a year without pruritus."—*N. Y. Med. Jour.*

EXPERIENCE OF DRS. H. C. WOOD AND DAVID CERNA WITH CHLORALAMID.

The results of their experiments indicate that chloralamid is very worthy of trial as a hypnotic. Its action upon the heart is so slight that it bids fair to be valuable as a hypnotic in cases of feeble heart; whilst its stimulating influence upon the respiration would seem to fit it for employment in cases of nervous exhaustion. The exact clinical value of a hypnotic can, however, only be determined by clinical study. Dr. H. C. Wood has used the remedy to a moderate extent in various forms of insomnia, and so far it has seemed to him to be slower and less certain in its action than is chloral. Rarely have unpleasant after-effects been noted, but he has seen in some cases distinct headache. The statement of Hagen and Hüfler that the drug is especially valuable in cardiac asthma seems to be consonant with our experimental conclusions.—*Med. and Surg. Reporter.*

A STETHOSCOPIC PERCUSSOR.

In the *North American Practitioner*, Sept. 1891, Dr. Wells calls the attention of the profession to a stethoscopic percussor which he has employed in his practice for about eighteen months, and which he believes has a certain field of usefulness.

The instrument is described as follows: Near the base of the medium sized

bell of a Dennison's stethoscope is securely fastened a curved spring which passes through a slot in the bell at about one-half its height. To the free extremity of this spring is attached a hammer, which thus hangs suspended within the bell, with its lower surface about one-eighth inch above a line drawn across the face of the bell. Fitted into the lower surface of the hammer, and projecting slightly, is a soft rubber plug which acts as the striking surface. The lower opening of the bell is closed by a thin hard rubber obturator, against the inner surface of which the hammer strikes and the outer surface of which is applied to the thoracic wall. Near the point where the spring passes through the slot in the bell there is fastened upon its superior surface a small circular plate to which the strokes are applied when the instrument is being used. When this plate or key is forcibly struck the hammer descends against the obturator and is immediately withdrawn—upward and away from the obturator—by the spring.

The advantages possessed by the percussor may be summarized as follows: 1st. The resulting sound is clear-cut, sharp and distinct. 2d. It is conveyed directly to the ears of the operator, free from any extraneous sounds; and 3. One of the elements of sound, namely, pitch, is recognized so clearly that the others are scarcely noticed.

MORTALITY OF FOUNDLINGS.

According to the Austrian Statistical Hand-book, published in 1888, the total number of foundlings in Austria reported for 1886 was 42,877, of whom 5,615 died, or 13.09 per cent. of those retained in hospitals, 6.71 per cent. died, and of those sent outside to the country nearly fifteen per cent. died; the averages for the years 1882 to 1885, inclusive, show about the same as those given for 1886, the presumption also being that many sent from town died, but, having been lost sight of, the death did not figure on the records of the institution. As compared with the official statistics of foundling mortality in Paris, the difference is surprising. There were in Paris in 1874, 2,171 foundlings, of whom about thirty-five per cent., or 758, died within twelve months; in 1875, 1,720 foundlings, of whom some forty per cent., or 694, died within twelve months; in 1876, 1,648 foundlings, of whom about 34½ per cent., or 568 died within twelve months; in 1877, 1,493 foundlings, of whom about thirty-six per cent., or 540, died within twelve months; in 1878, 1,880 foundlings, of whom about thirty-four per cent., or 643, died within twelve months; and of those who succumbed during the series of years, from thirty-six to forty-eight per cent., in the different years died in the first seven days.—*Med. Rec.*

NOVEL TREATMENT OF INGROWN TOE NAILS.

Dr. Puerckhauer recommends a novel and simple, and at the same time competent, treatment for ingrown toe nail: A 40 per cent. solution of potassa is applied warm to the portion of the nail to be removed. After a few seconds the uppermost layer of the nail will be so soft that it can be scraped off with a piece of sharp-edged glass; the next layer is then moistened with the same solution and scraped off; this must be repeated until the remaining portion is thin as a piece of paper, when it is seized with a pincette and lifted from the underlying soft parts and severed from the other half. The operation does not require more than half an hour's time, is painless and bloodless, while the patient is delivered from his sufferings without being disabled even for an hour.—*Pittsburgh Medical Review.*

NAPHTHALINE AS A VERMIFUGE.

According to Dr. Mirovich of Biêlsk, naphthaline is an admirable remedy not only for ascarides, but for tapeworm. He considers it much more certain and far

less poisonous than most of the other vermifuges. For grown-up people he prescribes a fifteen-grain powder, to be followed immediately by two ounces of castor oil. For two days before this dose the patient is directed to live on salt, acid and highly seasoned food, then the naphthaline is given, fasting early the following morning. In the case of children naphthaline may be mixed with castor oil, flavored with a drop or two of bergamot. In all the cases in which this plan was carried out, including some in which more ordinary means had failed, the whole tænia was expelled with its head after the first dose.—*Lancet, July* 18.

THE LOCAL APPLICATION OF CARBOLIC ACID SOLUTION IN THE TREATMENT OF ARTICULAR RHEUMATISM.

Dr. Joseph Lane Hancock, (*North American Practitioner*, Sept., 1891), says: "Within the past two years a number of cases of inflammatory conditions affecting the knee joint, and more especially articular rheumatism, have been treated by me, as I understand for the first time, by the local application of phenic acid. Usually it is used in the form of a four per cent. solution, on a flannel cloth wrung out, and warmly applied so as to envelop the whole joint. It is also my usual custom to leave this dressing on over night, placing it on just before the patient retires. As the swelling visible about the affected part depends for the most part on inflammatory œdema of the connective tissue around the joint, and the pain the result of pressure on the nerve tissues by the dilatation of the capillaries and inflammatory œdema, it is apparent that phenic acid from its anæsthetic and antiseptic properties would seem to present an excellent available remedy for this condition. It was in this manner that I was led to use it. That carbolic acid continually applied in very strong solutions externally, as for example on surgical dressings, has produced poisoning, convinces me of the readiness with which the cutaneous surface may absorb this agent. Despite the prevailing opinion that articular rheumatism is but the brunt of an attack of a general condition of which an excess of lactic acid in the blood is supposed to be the cause, it is nevertheless quite probable that this disease is of bacteriological origin, and that the efficient use of phenic acid locally applied to the affected joint, carefully watched, will act as a salutary measure; and, moreover, by its antiseptic tendency retard and ultimately destroy the exciting cause, whether it be germ or lactic acid in the connective tissue. Clinically I have noted carefully six cases in which the use of the phenic acid as described gave the most encouraging results, in which relief of suffering and reduction of swelling always followed promptly. If by this we have a hint in treating deeper seated affections more by local applications of antiseptics, we have gained at least a very interesting practical point in therapeutics."

THE TREATMENT OF HABITUAL CONSTIPATION IN CHILDREN.

Nices (*Practitioner*, May and June, 1891), in discussing the management of this troublesome disorder, speaks strongly in favor of dietetics as opposed to treatment by drugs. He does not, as many writers have done, give a definite list of articles of diet, for he does not believe that a child should be forced to eat what he does not relish, no matter how suitable it may be theoretically. There are always a number of invalids in any school or institution where there is a uniform diet. What is suitable for one may not be suitable for another, and each case must be treated according to its own special requirements. Dietetic treatment may be summed up as the provision of a diet intermediate in composition between milk on the one hand and bread and meat on the other. According to the child's development it should be proportionally rich in albuminoids, fat and sugar, and poor in starches. All temptations to economy at the expense of quality should

be resisted. The growing child requires better food than the adult. Drugs, while they should have a minor position in the management of the disorder, are sometimes temporarily required. The author prefers rhubarb, aloes, iron and myrrh, cinchona, and the various bitters to more modern drugs.—*N. Y. Med. Jour.*

TO DETECT COPPER COLORING MATTER IN TEA.

Sometimes worthless and exhausted tea-leaves are restored to their natural color and made to look like a superior article of green tea by coloring with copper or drying on copper plates. The addition of a little aqua ammoniæ to an infusion of tea thus colored will at once produce a blue color, more or less intense, according to the amount of copper present. The presence of copper coloring matter in pickles, preserved vegetables, etc., may be similarly detected.—*Nat. Drug.*

BANANAS IN CHRONIC BRONCHITIS.

In cases of chronic bronchitis with difficult breathing and scanty expectoration the use of banana-juice has been highly praised. The juice is prepared by cutting up the bananas in small pieces, and putting them, with plenty of sugar, in a closed glass jar. The latter is then placed in cold water, which is gradually made to boil. When the boiling point is reached the process is complete. Of the syrup so made a teaspoonful every hour is the proper dose.

Medical Items.

Professor Kocher, of Berne, on the 18th of July, celebrated the twenty-fifth anniversary of his appointment as docent.

The Municipal Council of Paris has appropriated 500 francs ($100) as a subscription to the memorial of Ricord.

The cost of the paupers in the public institutions of New York in 1890 was $1,949,100. The cost in private institutions from public funds was $1,845,872; making a total of $3,794,972.

A writer in the *British Journal of Dermatology* relates that, after using his thumb-nail to remove softened warts, three warts developed on his thumb, confirming him in a view which he had entertained on other evidence, that the popular belief in the contagiousness of warts is well founded.

Dr. William A. Spotswood died in Mobile, Ala., September 7th. He was born in Virginia in 1806. After his graduation as a physician he was appointed in 1829 to the navy, where he served continuously up to 1861, when he resigned to enter the Confederate Army. He served throughout the war as surgeon in Richmond, and at its close retired to Mobile.

The *Apothecary* is the name of a new quarterly journal, published by the Illinois College of Pharmacy, to be "devoted to pharmacy, chemistry, botany, materia medica, metrology, and to pharmaceutical education and progress." The first number is dated August, 1891, and contains original articles, editorials, and miscellaneous matters pertaining to pharmacy and cognate subjects.

The Tri-State Medical Association will hold its third annual meeting at Chattanooga, Tenn., October 27, 1891, and continue in session three days. The meeting promises to be one of the most largely attended medical meetings ever held in the Southern States. Representative physicians from all sections of the country will be present.

The municipal authorities of Paris are about to erect a building near the Morgue where all facilities will be provided for the prosecution of medico-legal researches. There will be rooms for post-mortem examinations, chemical and microscopical laboratories, a dark room for photography, an amphitheatre for students, rooms where inquests may be held, etc. All the laboratories now scattered throughout the city will be brought together in one place, so that examinations of suspected cases can be made with much greater ease and despatch.

M. Kohos had studied in Tunis the relations existing between malaria and tuberculosis. He had found that those profoundly under the influence of the malarial poison frequently became the subjects of tuberculosis, and he believed that the anæmia associated with malaria was a predisposing cause of tuberculosis. In grave cases of pernicious fever transfusion of blood was indicated, not only to remove the immediate danger to life, but also to overcome the anæmia on account of which an invasion of tuberculosis was threatened.

According to a calculation published in the *Lancet*, but for the accuracy of which that journal will not vouch, the Dutchman drinks on an average 16½ pounds of coffee per year; the Belgian about half that quantity; the Norwegian about 6¼ pounds; the German about 4¼ pounds per head, being about two pounds more than the Frenchman, who has the reputation of being a great coffee-drinker; whereas, according to statistics lately taken, the Englishman consumes only half a pound a year, and the Russian one-fifth of a pound.

Dr. Loeffler, of the Griefswald Institute, has accepted the position of professor of hygiene in the University of Marburg, to succeed Dr. Rubner, who has succeeded Koch at Berlin. A new chair of hygiene has been inaugurated at Kiel, and Dr. Bernhard Fischer has been chosen to fill it and become director of the Hygienic Institute. A new biological institute is promised from Heligoland. The Minister of Public Instruction has urged upon the governors of the provinces the spread of certain circulars of information to the public regarding the care of infants and the prevention of the spread of diphtheria and other infectious diseases. —*N. Y. Med. Jour.*

The Medical Bureau of the World's Columbian Exposition was organized in June—John E. Owens, M. D., Medical Director; W. H. Allport, N. R. Yeager and S. C. Plummer, Assistant Surgeons. This Bureau has charge of the medical, surgical and sanitary inspection work on the grounds and is now in active operation. The present Bureau will be the nucleus of a larger medical service after the World's Fair is opened. It is the intention of the Medical Director to make the records of the Bureau as complete as possible from a statistical and historical standpoint, and to furnish at the close of the service a report which will be valuable in the organization of the medical bureaus of future expositions.

The Chicago Practitioners' Club, designed for light discussions and social enjoyment, met August 31st in the Palmer House. Fifty gentlemen were present. It is proposed that the club shall meet hereafter once a month and have a good dinner together "with their nether limbs under the same table" as the Journal of the American Medical Association puts it. There seems to be a need felt by the busier portion of our profession for a more bright and cheerful setting to our medical discussions. Men as they become older and burdened with the cares of extensive practice hesitate to leave their homes in the evening for the dry discussions of the formal societies which abound in our cities. Yet they would gladly repair to a cheerful and nicely furnished hall and talk informally over a simple feast of the interesting points of daily practice. Baltimore needs greatly such a "Practitioner's Club."

A correspondent of the *Cincinnati Lancet-Clinic* writes that, in the three obstetrical clinics of the Vienna General Hospital, between 10,000 and 12,000 obstetrical cases are delivered annually; an average of from twenty-seven to thirty-three cases per diem, or from nine to eleven cases daily in each obstetrical clinic. Students ("Praktikanten"—those who prepare for examination), are admitted to two, Chrobak's and Braun's clinics only. The third, Gustav Braun's, is reserved for the midwife-students. The "Praktikanten," five for each ward, are detailed daily to attend the women in labor. During the twenty-four hours on duty they are obliged to remain at the hospital and occupy a little room next to the lying-in ward. They are permitted to examine the women in labor, make diagnosis, watch the progress of birth, but do not, as a rule, deliver the cases. The delivery, in normal cases, is managed by midwives; in complicated or operative cases, either by the assistant or one of the operators, or both. The student is merely a looker-on until he has seen a number of cases when he, too, is occasionally permited to take charge of cases, even to the extent of applying the forceps; but the latter is always done in the presence of the assistant or the professor himself.

Frequently the more difficult, complicated and operative cases are brought into the amphitheatre, before a class of from 150 to 200 students, and are delivered before them. Cases of placenta previa, of contracted and otherwise deformed pelvis, arrested and impacted heads, indeed any difficult case, may be brought before the students in the lecture room and exhibited and treated there. Thus I have seen before the whole class the management, treatment and delivery of placenta previa, the application of forceps, as well as cases of contracted pelvis in which previous deliveries were terminated by the use of forceps or craniotomy.

The annual session of the Virginia Medical Society will be held Tuesday, October 6th, 1891, in Lynchburg. As the Lynchburg Medical Associaton first proposed the formation of this State society, it is expected that special efforts will be put forth to make the session interesting. Dr. C. E. Busey is chairman of the committee of arrangements; Dr. J. W. Dillard, of the sub-committee on halls, hotels and railroads; Dr. Frank Camm, of the committee on exhibitions of pharmaceutical preparations, surgical appliances, etc. Reduced railroad fares may be secured. Among the guests who will take part in the meetings are Dr. J. H. Claiborne, Jr., and L. C. Gray, of New York City; T. D. Crothers, of Hartford, Conn.; B. A. Watson, of Jersey City; H. P. C. Wilson, of Baltimore; Joseph Price, of Philadelphia; I. S. Stone, of Washington; J. E. Reeves, of Chattanooga; A. W. Calhoun, of Atlanta; A. M. Phelps and Egbert H. Grandin, of New York, and T. A. Ashby, of Baltimore.

Dr. W. W. Parker, of Richmond, will deliver the president's address; Dr. C. M. Blackford, of Lynchburg, the address to the public and the profession. Papers will be read by members on the following subjects: Acute and Chronic Dysentery, Drs. Green and Crittenden; Dysentery, a Septic Disease—Its Antiseptic Treatment, Dr. Bedford Brown; Ophthalmology in Ancient Egypt, Dr. Wm. H. Baker; the Drink Problem from a Medical Point of View, Dr. Fred. Horner; Puerperal Eclampsia, Dr. J. T. Graham; Hæmorrhoids, their Treatment, Dr. J. N. Upshur; Treatment of Goitre by Electrolysis, Dr. Shields; Chronic Nephritis, Dr. Dabney. The two best essays on Pyelo-Nephritis presented in competition for the Hunter McGuire Prize of $100, will be selected by the Prize Committee; and after they have been read before the society the prize will be awarded according to a majority ballot vote of the members of the society.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 22. BALTIMORE, SEPTEMBER 26, 1891. NO. 548

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CLINICAL STUDY AND ANALYSIS OF 1,000 CASES OF PSORIASIS.

BY L. DUNCAN BULKLEY, A. M., M. D., OF NEW YORK.
Physician to the New York Skin and Cancer Hospital, etc.

The persistency and rebelliousness to treatment of psoriasis are so well recognized, and so very little is actually known in regard to its etiology and nature, that all contributions to its natural history and all records of clinical experience with it are of more or less practical and general interest and value. It has occurred to me, therefore, that a review and report of twenty years observation and treatment of the disease may not be without interest, and, it is hoped, some little profit. While the study and analysis of the thousand cases, which have been observed in private and public practice, may not yield any startling or brilliant results, or disclose any very new facts regarding the disease, or its treatment, they will at least exhibit certain data taken in part from cases among the more intelligent and wealthier classes in the community, and will present the natural history of the disease in a manner not heretofore attempted.

Psoriasis is now described as a chronic affection of the skin, exhibiting dry, red, slightly elevated patches or spots, of varying size and shape, generally circular, covered with a greater or less quantity of dry, white, silvery scales, heaped together, the lesions tending to develop chiefly on the extensor surfaces.

Psoriasis is a well defined disease, quite distinct from all other affections of

the skin, and, as far as is known, always produced by the same cause, although little or nothing is known accurately in regard to the nature of the cause. It should never be confounded with a scaly stage of eczema as one frequently observes to be the case in practice; this may occur if one follows the teaching of Wilson,* who applies the term psoriasis to "a mitigated or chronic form of psora or eczema," "when the skin is red, coarse, thickened, wrinkled or smooth, brittle, dry, itchy, desquamating, and disposed to become moist on being rubbed." Although, as will appear later, in a certain small number of cases psoriasis and eczema sometimes seem to intermingle or interchange, or alternate, they are distinct and separate affections, although at times exhibiting somewhat similar symptoms. Wilson recognized well the separate character of the disease under consideration, but describes it under the title of alphos, using also the designation lepra, which latter term is now applied exclusively to Elephantiasis Græcorum, or true leprosy.

Psoriasis should also be well separated from syphilis, with which it has no connection whatever; for, although McCall Anderson† in his excellent monograph on this disease says that "there is a non-syphilitic and a syphilitic form," all more recent writers agree in confining the name psoriasis to the disease under consideration, and never apply it to the scaly papular syphilide. We will find, therefore, that many cases which might by some be classed as psoriasis are quite other affections, and quite a share of the instances of so-called psoriasis palmaris and plantaris are only lesions of syphilis, or chronic forms of eczema or tylosis, affecting the palms and soles; we shall find later that true psoriasis attacks the palms and soles exceedingly rarely and then only when it has already manifested itself, often to a great extent on other portions of the surface.

In like manner the term psoriasis has sometimes been applied to an affection of the tongue which has no connection with, nor relation whatever to the disease under consideration; indeed, among many hundred cases of psoriasis, seen in public and private practice, I have yet to satisfy myself that psoriasis ever attacks that organ. The so-called psoriasis linguæ or ichthyosis linguæ will often be found to be syphilitic in origin, or that curious affection now known by the name of leukoplakia. Such cases, therefore, should be excluded from our study.

Turning now to a consideration of the statistics of psoriasis which are to form the basis of this study, I find that the records of these thousand cases of this affection occur among 25,443 cases of miscellaneous skin diseases in my private and public practice; it, therefore, forms nearly 4.2 per cent. of all cases. Of these, 322 cases occurred in private practice among 7,076 cases of general skin disease, giving a percentage of 4.55, and 678 cases in public practice, among 18,367 miscellaneous skin cases, with a proportion of 3.69 per cent. It may be interesting to note that among the private cases eczema stands first, with 2,350 cases, forming one-third of all cases; acne comes second with 1,547 cases, or over 20 per cent.; syphilis ranks third with 6½ per cent. and psoriasis fourth on the list; next to psoriasis comes the forms of alopecia with 3½ per cent.; then the varieties of tinea in almost the same proportion; and so on through the eighty odd different skin affections presented in the cases analyzed.

In the larger statistics compiled during the past eleven years by members of the American Dermatological Association‡ psoriasis is found to form but 3.32 per cent. of the 138,226 cases collected, there being a total of 4,548 cases of psoriasis recorded. In examining the separate reports from different cities

*Wilson, On Diseases of the Skin, 6th edition, London 1867, p. 172.
†Anderson, On Psoriasis and Lepra, London, 1865, page 1.
‡Transactions of the American Dermatological Association, 12th meeting, 1888, p. 81.

which compose this total it is interesting to note that the percentage of psoriasis cases varied very considerably not only between the individual districts but also in different years. Thus, the percentage from the several cities stand as follows: New York, 4.11; Chicago, 3.3; Philadelphia, 3.2; Boston, 3.06; St. Louis, 2.6; and Baltimore 1.8 per centum. In one year's report the percentage in New York stood at 5.7, while the same year that in Baltimore was only .06 of 1 per cent.

A possible etiological deduction may be made from these figures, namely, that the disease seems more prevalent in New York and Boston, where the climate is subject to great and trying changes of temperature, with much moisture, and that the same is found in Chicago, where the same is true with the substitution of lake moisture instead of that from the sea. In a small series of returns from Toronto, Canada, for five years, psoriasis is reported to form 6.4 per cent. of miscellaneous skin cases; the atmospheric conditions here are also much the same as in Chicago. On the other hand, in the warmer climate of Baltimore and St. Louis the disease is found to be much less prevalent; indeed, that of Baltimore, 1.8, stands in striking contrast to the 4.1 per cent. observed in New York.

It is also not a little striking, in view of a claimed malarial origin of psoriasis that it should be found relatively seldom in St. Louis, where this element is so widely diffused and manifests itself so actively.

Psoriasis appears to occur in varying frequency in different countries. Thus Wilson§ found it to form 6.28 per cent. of 10,000 general skin cases in private practice in London, and Anderson‖ reports 7.5 per cent. in Glasgow, and even over 10 per cent. in private practice. On the other hand, in Belfast,¶ it formed only 2. 4 per cent. in hospital practice, and Neumann* reports 2.8 per cent. in the General Hospital in Vienna.

The following table presents the ages of one thousand patients with psoriasis at the time of applying for treatment:

TABLE I.—AGES OF ONE THOUSAND PATIENTS WITH PSORIASIS.

Ages.	Private.			Public.			Total.
	Male.	Female.	Total.	Male.	Female.	Total.	
5 yrs. and under,	0	1	1	2	1	3	4
5 to 10 yrs.	2	5	7	4	22	26	33
10 " 15 "	5	6	11	24	27	51	62
15 " 20 "	17	24	41	38	38	76	117
20 " 25 "	25	24	49	52	36	88	137
25 " 30 "	29	22	51	63	56	119	170
30 " 35 "	33	15	48	52	32	84	132
35 " 40 "	29	10	39	23	29	52	91
40 " 45 "	24	2	26	21	36	57	83
45 " 50 "	13	6	19	14	13	27	46
50 " 55 "	7	4	11	13	11	24	35
55 " 60 "	3	3	6	5	5	10	16
60 " 65 "	6	2	8	3	8	11	19
65 " 70 "	2	1	3	1	3	4	7
70 " 75 "	2	0	2	0	1	1	3
Age unknown,				19	26	45	45
Total,	197	125	322	334	344	678	1000

§Journal of Cutaneous Medicine, Vol. III, London 1869, p. 258.
‖Anderson, Analysis of 11,000 Cases of Skin Diseases, London 1872, pp. 7, 9.
¶Journal of Cutaneous Medicine, Vol. III, London, 1869, p. 276.
*Neumann, Lehrbuch der Hautk., Wien. 1873, p. 259.

By this table it appears that males are more often affected with psoriasis than females, they here forming 53.1 per cent. of the entire number, and the females forming 46.9 per cent.; this corresponds somewhat to the proportion observed by others, Neumann making the proportion of females 65 per cent.

The youngest patient seen with the disease was a female about two years of age, the oldest a male just seventy-five years of age. It will be seen that the largest number of cases applied for treatment between the ages of 25 and 30, when there were 170 cases out of the thousand. Between 20 and 25 years of age there were 137 cases, and between 30 and 35 years of age 132 cases. Relatively few cases were seen during the very early years of life. In but 4 instances the patients were five years or less of age; in the next five years there occurred 33 cases; of these 27 were females and 6 males. It will be observed also that relatively few cases are met with in advanced life; but 80 cases in the entire thousand the disease was seen in 439 patients between the ages of 20 and 35 years of age.

It is impossible, however, to draw from this table any exact conclusion with regard to the age or period of life at which psoriasis is most likely to manifest itself, for by reference to the next table it will be seen that the eruption commonly first appears at a much earlier age than will be inferred from the preceding table.

TABLE II.—AGES OF 481 PATIENTS WITH PSORIASIS AT THE FIRST APPEARANCE OF THE ERUPTION.

Ages.	Private.			Public.			Total.
	Male.	Female.	Total.	Male.	Female.	Total.	
1 to 2 years,	1	1	2	1	1	2	4
2 " 3 "	1	1	2	1	0	1	3
3 " 5 "	7	5	12	0	0	0	12
5 " 10 "	11	11	22	1	9	10	32
10 " 15 "	22	33	55	10	10	20	75
15 " 20 "	37	24	61	9	12	21	82
20 " 25 "	34	13	47	26	15	41	88
25 " 30 "	19	9	28	27	9	36	64
30 " 35 "	17	1	18	14	10	24	42
35 " 40 "	12	5	17	6	3	9	26
40 " 45 "	8	0	8	4	6	10	18
45 " 50 "	7	3	10	4	2	6	16
50 " 55 "	2	2	4	4	1	5	9
55 " 60 "	1	1	2	2	2	4	6
60 " 65 "	1	1	2	0	0	0	2
65 " 70 "	0	0	0	0	2	2	2
Total,	180	110	290	109	82	191	481

Comparing this table with the preceding one it will be seen that the largest number of cases in any period of five years was that observed between the ages of 20 and 25 years, where there were 88 cases, the largest number in the preceding table being between the age of 25 and 30. There is also seen to be a large number between the ages of 10 and 20 years, which gave 157 cases, or nearly 33 per cent. of the entire number. It will be also noted that in 19 instances it was recorded that the eruption had begun by or before five years of age, and in nearly half the cases the eruption had begun by or before 20 years of age. It will also

be seen, however, that in a certain number of instances the eruption may first develop even at an advanced period of life, two cases being recorded as first appearing between 65 and 70 years of age and two cases between 60 and 65 years of age. The total number, however, first developing after the age of 50 years is very small, hardly 4 per cent. of the entire number.

It is a litle curious to note that while in the period between 10 and 15 years of age the females are considerably in the preponderance, during the next five years the males are greatly in excess, and during the period between 20 and 25 years of age there were 60 males to 28 females; a possible suggestion might be drawn from this in regard to the effect of the later development of the sexual functions in males than in females. Taking the decades of life, we find that in 51 instances the eruptions first developed during the first decade, in 157 instances in the second decade, 152 in the third decade, 68 in the fourth decade, 34 in the fifth decade, 15 in the sixth decade, and 4 in the seventh decade. These facts appear quite opposed to the statement of Neumann†, who asserts that the eruption generally first appears about the sixth year of life.

The earliest period at which the disease manifested itself was in a male, in the case of a young gentleman 17 years of age, in whom the eruption had existed since he was weaned, before he was two years old. The youngest female was a girl 5¼ years old, in whom the eruption had developed first when three years of age. Wilson‡ states that he has observed the disease at the age of three months, his next youngest patient being 2½ years of age. He states also that he has known psoriasis to make its first appearance at 85 years of age, and also in another patient at 73 years of age. Kaposi§ has seen an eight months old child with psoriasis, the father also having the same disease severely.

The natural history and termination of psoriasis is a subject of very considerable interest and one upon which as yet very little light has been thrown. We have already seen from the preceding table that it may begin at any period of life, although in almost one half the cases the eruption was found to begin before the age of twenty years. Having once begun, the disease shows itself to be one of the most rebellious of all affections of the skin, tending to remain indefinitely, with little if any inclination to spontaneous recovery. Beginning early in life, it may persist even in spite of active and prolonged treatment, etc., to advanced age, although after middle life it often becomes less pronounced and in certain cases may become confined to a few lesions, giving little annoyance. In a certain small proportion of cases it will seem to disappear even without treatment and to remain absent for varying periods, perhaps entirely. Such cases, however, are extremely rare, and even seem to depend on some radical change in the mode of life or on a change of abode. A prolonged residence in a warm climate will sometimes suffice to completely arrest the disease, but it may again develop when the patient returns to a colder or more changeable climate. There does not seem to be any favorable influence exerted on the disease by puberty, the eruption manifesting itself quite as severely during and after that period as before; indeed, in some instances the disease seems to be aggravated thereby.

Little can be stated in regard to the antecedent condition leading to and causes of the disease, it making its appearance most unexpectedly under the most diverse conditions of life and under the greatest possible variations of circumstances; not only will it appear after exhaustive diseases and in those debilitated by various excesses, but it comes equally in subjects who are apparently in the very

†Nuemann, Lehrbuch der Hautkrankheiten, Wein., 1873, page 259.
‡Wilson, Lectures on Dermatology, 1871-3, London, 1873, page 276.
§Kaposi, Pathol. und Therap. der Hautkr. Wein., 1883, page 394.

best of health and enjoying all the element of a healthy and proper life. A study of the histories of the cases here analyzed fails to discover any single cause or element or even combination of causes or elements to which the disease may be attributed, although, as will be mentioned later, several distinct types of the eruption may be made out as found in those exhibiting the scrofulous, gouty and rheumatic diatheses.

The eruption of psoriasis is seen clinically to develop in various manners, and with quite different degrees of severity; in some very young subjects, even, it appeared as quite a sudden outburst, affecting simultaneously or in rapid succession the various parts of the body and extremities, in other instances a few spots appeared here and there and developed but slowly, taking very considerable time before a large surface was affected, in some instances the eruption remained confined to a particular locality, as the scalp, or back, or chest, for some considerable period, often for years, and then from unknown causes more or less suddenly develops so as to involve very much of the surface.

However or whenever the eruption began, the analysis of these cases show it to have been most chronic and rebellious, lasting in many instances even during the entire life of the patient in varying degrees of severity.

The following table exhibits the condition of the disease before the patient came under treatment:

TABLE III.—DURATION OF PSORIASIS IN 414 CASES AT THE TIME OF APPLYING FOR TREATMENT.

Duration.	Private.			Public.			Total.
	Male.	Female.	Total.	Male.	Female.	Total.	
1 mo. to 3 mos.	8	3	11	5	4	9	20
3 " to 6 "	7	8	15	8	9	17	32
6 " to 1 yr.	13	7	20	7	2	9	29
1 yr. to 2 yrs.	10	10	20	7	5	12	32
2 " to 3 "	9	5	14	4	3	7	21
3 " to 4 "	12	8	20	4	3	7	27
4 " to 5 "	10	6	16	4	2	6	22
5 " to 10 "	30	24	54	20	13	33	87
10 " to 15 "	25	17	42	6	11	17	59
15 " to 20 "	17	12	29	4	5	9	38
20 " to 25 "	14	2	16	8	1	9	25
25 " to 30 "	5	0	5	0	3	3	8
30 " to 40 "	8	2	10	0	0	0	10
40 " to 50 "	3	1	4	0	0	0	4
Total	171	105	276	77	61	138	414

We see from this table that the natural history of psoriasis is reckoned by years rather than by months or days. Thus, out of 414 cases in which reliable data were preserved it is found that in 231, or 57 per cent., the eruption had existed for a period of over five years, and in four instances it is recorded that the eruption had been present between 40 and 50 years before the patient came under treatment.

Comparatively few cases were observed at or soon after the beginning of the disease, only 20 in whom it lasted less than three months. It will be seen later that this is a fact of no little importance in connection with the proper treatment of the disease.

It will be interesting to know more definitely the exact duration of the disease in those patients who have become free from the eruption and who have remained without any manifestations; but unfortunately such statistics are extremely difficult to obtain in an office practice and among out-patients, who are seen only during the actual existence of the eruption or who seek advice only as long as they may desire; moreover, a large number of such cases are seen once or twice, generally in consultation. Something more, however, can be learned of the obstinancy of the complaint by a consideration of the length of time during which some of the patients were under observation, either for a continued existence of the eruption or for recurrences of the same. This is exhibited in the following table:

TABLE IV.—DURATION OF OBSERVATION OF 296 PATIENTS WITH PSORIASIS.

Duration.	Private.			Public.			Total
	Male.	Female.	Total.	Male.	Female.	Total.	
1 mo. to 3 mos.	44	24	68	20	27	47	115
3 " to 6 "	16	12	28	5	3	8	36
6 " to 1 yr.	26	15	41	3	1	4	45
1 yr. to 2 yrs.	14	2	16	3	5	8	24
2 " to 3 "	12	6	18	1	1	2	20
3 " to 4 "	8	6	14	2	0	2	16
4 " to 5 "	3	2	5	0	0	0	5
5 " to 10 "	9	11	20	0	0	0	20
10 " to 15 "	9	4	13	0	0	0	13
15 " to 20 "	2	0	2	0	0	0	2
Total,	143	82	225	34	37	71	296

It is seen here that in a large number of cases, over one half were seen for comparatively short periods of time, less than six months, and in looking at the notes of these cases we find that quite a proportion of them yielded to treatment and were apparently cured, while of course a large number were lost sight of before any conclusions could be drawn as to the ultimate results of treatment; the remaining half of the cases were seen for varying periods of time, more commonly, however, not in consecutive months or years, but often after a lapse of a greater or less length of time. In studying the records of these cases we find that as we advance in the length of time during which the patient had previously had the disease and also that during which they were under treatment, we discover a smaller proportion of the mreceiving permanent benefit, until in many cases which have been for some years under observation and treatment the question of therapeutics has narrowed itself down to removing recurrent eruptions or preventing their appearance on exposed regions. In some instances, however, careful and continuous treatment has held the eruption almost entirely in abeyance, even for a great number of years, as in the following case:

This case, which has been for the longest period of all the cases under observation and treatment, is that of a clergyman now 50 years of age, who was first seen about twenty years ago. The eruption had begun about eight years previous to his first visit, when he was 22 years of age, it appearing first in the scalp. The disease progressed very slowly and did not become very general until four years later. He has spent much time at different mineral springs with varying results; at times the eruption improved greatly but always relapsed into a worse condition. He was also under various medical treatment until the time of his first visit in 1869. He then had a very general psoriasis, and on account of

this and a throat difficulty he was unable to pursue his calling as a clergyman for some years.

He was put upon Fowler's solution, with the occasional use of other remedies, the local treatment consisting mainly of tarry applications, with the effect of keeping him practically free from his eruption which, however, would return with any great neglect of treatment. He has taken as high as nearly eight ounces of pure Fowler's solution in the course of a single year, and, as he calculated it several years ago, he had taken over half a gallon of pure Fowler's solution in the course of fourteen years.

The case next longest under observation is that of a gentleman also now 50 years old, who was first seen in 1869, twenty years ago, and at intervals up to the present time. The eruption first appeared on him also at about twenty years of age, ten years before his first visit. During this interval of thirty years he has been at times under the care of many physicians in this country and abroad, and has tried many mineral springs, but when last seen, quite recently, he returned for treatment in about the worst condition that he had ever been. The disease then covered large areas, forming great patches many inches in diameter, resembling the surface of pityriasis rubra and at times causing him great suffering. He is a very gouty subject.

Another case which has been under observation and treatment off and on for seventeen years is that of a gentlemsn who, curiously enough, is now also just fifty years of age, in whom the eruption first showed itself when he was twenty-five years old, eight years before his first vist. During this period the eruption has varied greatly in intensity, at times disappearing almost entirely when he relaxed from work, especially during the summer vacations. Of late years the disease has become quiescent, giving but little annoyance, but still lingering in certain localities, as the scalp, and increasing when he is taxed with overwork. Numbers of cases could be cited where the disease had been watched and treated with varying success during periods of from ten to fifteen years, with the history that with each neglect of treatment a recurrence or an increase of the disease has more or less quickly followed.

(*To be concluded.*)

ORTHOPEDIC SURGERY AS A SPECIALTY.*

BY A. B. JUDSON, M. D., OF NEW YORK.

A flourishing medical society sometimes divides into sections. It is an involuntary process, or at least, one to which the members are forced by the necessity of thoroughly accomplishing the objects of the society. The process may be called an analysis. In the present instance, however, if I understand the organization of the Congress of American Physicians and Surgeons, we have a synthesis. A number of societies voluntarily combine to secure ends which were not contemplated at the beginning of each. A division of labor having been made, according to which each society has its special work to do, it is proper and useful for the societies to meet together for co-operation. Let us therefore briefly consider some of the salient features which mark our specialty of orthopedic surgery. A better knowledge of ourselves will put us in more quick relation with other work-

*The President's Address, delivered before the American Orthopedic Association at Washington. D. C., Sept. 22nd, 1891.

ers, both general and special, and enable us to do our humble part in the grand plan.

In common with other specialists, we occasionally hear that we are limited in the possible range of our achievements. The limitation is, however, entirely voluntary, and the work within these limits is practically inexhaustible. If we were not so busy, we might perchance be troubled because we are not always and exactly understood. The sign before an orthopedic hospital in New York is supposed by some of the passers-by to indicate a homœpathic institution. I am probably not alone in having been asked to perform the minor surgical operations of the chiropodist. Many, even among the learned, suppose that the latter part of our name is derived from the Latin word for *foot*, instead of from the Greek for *child*. We are also confounded in the minds of some with the instrument makers. I mention these things in passing, without a serious thought. If they exist, like morning mist, they will pass away.

It is well, however, to recognize the fact that our practice is comparatively lacking in popular qualities. We have no critical, capital, or brilliant operations. What of brilliancy is there in keeping a limb in such an attitude that the weight of the body in locomotion shall be a favorable, instead of an unfavorable agent, until the natural growth of the member results in comparative symmetry; or in controlling the environment of the diseased joint and the patient, so that the natural processes of recovery and repair shall have their triumph, while the limb is daily growing in symmetry and ability with the growing child? This is not bold surgery, but there is great pleasure in watching and reverently assisting these constantly recurring natural miracles. And will any of us forget the delightful friendships made among our little patients, their pretty bashfulness, their ready confidence, their irrepressible cheerfulness, their graceful acceptance of what is, alas, inevitable? The combination in them of childish and heroic qualities is a daily wonder. To watch them at play is like a dream in which the birds and wild flowers are enacting a tragedy and improving the precepts of Stoic philosophy.

Our practice is not only lacking in brilliant achievements, but it is also uninviting, because, as a rule, our patients do not make absolute recoveries. There is always, or nearly always, a residuum of disability and deformity, and in this is to be found perhaps one reason why our specialty has existence; for, what general practitioner would lightly assume the care of a case so exceptional in his practice, and so momentous as those which fall into our specialty?

The why and wherefore of specialties, in general, and ours in particular, are questions of interest. Some will say that we have a natural aptitude for mechanics, an inherited preference for slow and sure methods, compared with those that are quick and uncertain, or an inborn reverence for what is physically demonstrable. These personal characteristics may explain why some of us are orthopedists, but I believe the reason why our specialty exists and thrives, is to be found in the desire of the public, the final arbiter, that experts should be invited to bear the responsibility of orthopedic cases.

One very attractive feature of orthopedic practice is—for want of a better word—its *reality*. It is especially the domain of physical demonstration, where the acceptance of pathological doctrine, as well as therapeutic precept, must be preceded by absolute proof. Here, subjective symptoms are forgotten in the presence of objective signs. The data for diagnosis are visible, palpable and mensurable. Treatment is by forces whose action is nicely directed, increased, diminished and accurately measured. The very weight of the body is duly con-

sidered in trauma and therapeutics, and finally the results of treatment are recorded in degrees of a circle and fractions of an inch. Dealing thus, as we do, with physical realities, it is well for us to keep our eyes open to the moral verities also, which no less form part of the tissue of our daily professional work. Let us remember that diligence is the price of success, and that the only desirable success is that which is reached by the rejection of error and the loyal recognition of truth.

Since our last meeting, there has occurred the death of one of our corresponding members, whose hostility to error might, in all friendly criticism, be called intemperate, one whose diligence and devotion to the interests of his patients make him an exemplar worthy of our affectionate remembrance.

A PILL LODGED IN THE RIGHT BRONCHUS.

Dr. Charles Steele, (*Lancet*, Aug. 29), writes as follows: "I prescribed some pills containing iron for a lady about four weeks ago, which she took regularly three times a day with great benefit until Wednesday (Aug. 12th). Late on Thursday evening she called and said she was in such pain that she could not pass another night unrelieved. The pill which she took after dinner the day before did not seem to go the right way, and all her efforts to dislodge it failed. Before long, pain set in the front of her chest three inches below her right clavicle, and after a time a similar pain occurred in a corresponding spot behind, and deep breathing increased the suffering. She had been able to swallow fluids and solids all the time without difficulty. The last few hours she had expectorated with a cough, and whatever came up had the taste of the pill. Auscultation rendered no assistance. I laid her on her left side on a couch, with her hips raised on cushions, and gave a few pats on her back, producing a sudden cough, and expectoration containing red spots like blood; this I put under a microscope, but there were no corpuscles. I diagnosed clearly that the pill had gone into the windpipe (probably owing to drawing a breath when taking it) and that it had lodged in the lower bifurcation of her right bronchus.

I raised her hips and waist high, and asked her friends who accompanied her to pat her back; the result was a sudden cough with dark expectoration. When she had recovered her breath, directly I raised her as before, the pill was ejected into her handkerchief. It was elongated, and retained the white coating at the ends, but this had been dissolved off where the pill lay in contact with the mucous membrane of the bronchus."

M. Bernheim reports the results of experiments which he has made to determine whether bovine virus ever contained tuberele bacilli, and whether vaccination could give rise to tuberculosis. His conclusions are that vaccination was in general inoffensive, but that it would be better always not to employ any bovine virus for vaccinations until the vaccinifer had been killed, and had been shown by post-mortem examination to be free from any tuberculous lesions. He adds also that he has made use of goats' blood in preference to dogs' in the treatment of tuberculosis, for the reason that the dog was subject to rabies.

According to a telegram from Stamboul, cholera is increasing at an alarming rate in Arabia and Syria, where 1,000 deaths are said to occur daily. The exact numbers of deaths, however, is concealed, as the authorities are anxious to prevent panic.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

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BALTIMORE, SEPTEMBER 26, 1891.

Editorial.

MEDICAL CHARITY AGAIN.

In the *British Medical Journal,* Aug. 29, 1891, Dr. R. R. Rentoul (Liverpool) writes: "Mr. J. B. James and another advise the formation of a night medical service in this country. Before doing so we should take great pains to collect full information on the subject. In my book on medical charities—now in the press—I give a short description of the service in Paris and Berlin. As far as I can find out, the service in Paris is not a success. In 1890 it cost 75,000 francs, and as the people get to know more about it the abuse rate increases. No doubt the police can recover the fees at court. Evidently a municipal authority will not go to court to recover a fee of a few francs. It is to be noted that in this country the poor-law authorities, the sanitary authorities, and municipal fever hospitals are given legal power to recover expenses. But do they do so?

I think it is time we in England gave up our antiquated ideas about ramming "charity" down the throats of people, no matter whether or no they have ever asked for it. During the last 50 years the wages of the working classes have increased by 50 per cent., yet the cant and hypocrisy of more medical charity goes on, and at an increased rate. Let the people provide their own doctor. God knows we can spare a few doctors from Liverpool, where there is one doctor for every 450 persons.

I may add that at present the police have power to call a doctor and to pay him a fee. The Lancashire County Council have reduced this fee from 5s. to 3s. 6d. So much for the watchfulness of the Lancashire Branch of our Association. Let us improve what we have got before bringing in a night service."

As there is no need for Americans to repeat the mistakes of European communities, the forthcoming book of Dr. Rentoul mentioned above will be welcomed by all Americans who are interested in providing medical care for the very poor and destitute.

EARLY SYMPTOMS OF CHRONIC INTERSTITIAL NEPHRITIS.

After some general remarks on the obscurity of incipient chronic diseases of the kidney, Dr. Withington (*Boston Med. and Surg. Journal*, Sept., 10, 1891), gives some interesting statements and statistics in regard to the most insidious variety of chronic interstitial nephritis. The value of his observations is much enhanced by his selection of only those cases in which the changes characteristic of chronic interstitial nephritis were found at the necropsy.

The history of these cases—75 in number—is taken from the records of the ward-books of the Boston City Hospital. 49 of the cases were males, 29 females. The average age of the patient was 47 years. 23 had suffered during life with rheumatism; four from malaria; 10 had used alcoholic drinks in excess, 12 in moderation, and four not at all.

The symptoms which might be traced to the nephritis were, in the order in which they appeared:

1. 33 per cent., increase in frequency of micturition, and amount of urine passed, lasting for several years before death. (These are average lengths of time.)
2. In 64 per cent., shortness of breath, lasting several years before death.
3. In 51 per cent., œdema, lasting about 69 weeks.
4. In 56 per cent., cough, for about one year.
5. In 27 per cent., headache, averaging about five months.
6. In 25 per cent., palpitations, for about the same length of time.

Among other symptoms which had existed for so nearly identical periods that their priority could not easily be tabulated were:

In 15 per cent., amblyopia (dimness of sight), averaging one year.

In 49 per cent., nausea and vomiting, averaging three months.

In 17 per cent., vertigo, averaging two and one-half months.

In 21 per cent., diarrhœa, averaging six weeks.

In 5 per cent., pain in the lumbar region. (Evidentally the popular idea of the frequency of lumbar pain, at least in this form of Bright's disease, is erroneous.)

In 13 per cent., cerebral hæmorrhage.

The earliest attack was five years before death. Three patients had had two attacks each; one had had three attacks. Six died from hæmorrhage of the brain or meninges. Other hæmorrhages recorded were: from the brain seven; lungs six; bowels two; stomach one.

In 20 per cent., delirium, dating from several weeks or months back.

Convulsions, a late symptom, occurred in 9 per cent. Coma, before the day of death in 26 cases; cyanosis in 5 cases, insomnia in 11 cases and so far in 4—a late symptom.

Two had itching; three, other disorders of sensation; four, thirst; two neuralgia, and three Cheyne-Stokes respiration.

These statistics giving, as they do, not only the order in which the symptoms of this obscure malady were produced, but their frequency and the time for which

they had lasted previous to death, are very satisfactory. The fact that the nephritis had been the sole cause of death in only 63 cases does not detract from their merit. Cases brought to hospital moribund were not included in the above lists.

OSSIFICATION OF THE MUSCLES (MYOSITIS OSSIFICANS).

As this condition is very rarely met with, a case reported by Dr. MacDonald, of New Zealand, in the *British Medical Journal*, Aug. 27, 1891, deserves notice, especially as it differs in some respects from those cases previously published.

The patient, a girl, was born of healthy parentage with healthy brothers and sisters, and was well until she was about two years of age. Then a "lump" appeared at the middle and posterior border of the left sterno-mastoid muscle. It was thought to be an abscess, and was opened, but no pus came out. Cod liver oil and Parrish's syrup was given and in three months the lump had disappeared. During the three years which had since elapsed the lumps had come and gone successively in various places—as the forehead, and back (dorsal vertebrae)—but in spite of their disappearance the child had become somewhat helpness in feeding, dressing, and looking after herself, owing to the fixation of her arms.

On admission to hospital, in November, 1890, she was noted as an intelligent, well-developed child. On standing undressed she stooped somewhat and when told to straighten up she merely raised her eyelids. She was unable to throw her head backward or to rotate it, in consequence of ossification of the muscles of the neck, those easily felt being the sterno-mastoid, trapezius, stylo-hyoid, omo-hyoid and sterno-hyoid. The left sterno-mastoid felt like an iron rod stretched from the ear to the sternum, and drew the head downwards and to the left. Nodes were found on the left frontal eminence, the left temporal bone and the right border of the occipital bone. The right arm was not so much crippled as the left, but neither elbow could be carried far from the side, as the shoulder muscles were becoming ossified. The left scapula was fixed to the ribs, whilst the right was free. Nodes of various sizes were found on the scapulas, on the spines of the vertebræ from the head to the sacrum, along the lateral aspect of several of the ribs and over the crest of the left ilium. As the superficial muscles of the back were becoming involved, the patient could pick up objects from the floor only with difficulty. She could not inspire as deeply as a healthy child, as the ribs were becoming fixed. The muscles of the legs and forearms were not affected. During an operation to free the arm, the *teres major* muscle was excised. It was a solid mass of bone, having a fibrous attachment or joint at both its origin and its insertion. The wound healed by first intention.

The patient was not rheumatic, and had had no disease except whooping-cough. Cod liver oil, tonics of various sorts, mercury, iodide of potash, iron, arsenic, strychnia and phosphorus had been used, but she left the hospital unrelieved. She had an extraordinary tolerance for mercury and arsenic.

No light at all could be thrown on the causation of the disease. References are given to several other cases reported in medical literature.

Reviews, Books and Pamphlets.

Therapeutics, its Principle and Practice. By H. C. Wood, M. D., LL. D., Professor of Materia Medica and Therapeutics and Clinical Professor of Diseases of the Nervous System, in the University of Pennsylvania. A work on medical agencies, drugs and poisons, with especial reference to the relations between physiology and clinical medicine. Eighth edition of "A Treatise on Therapeutics," rearranged, rewritten and enlarged. Philadelphia: J. B. Lippincott Company, 1891.

This work was first undertaken, as the preface to the first edition states, with the purpose of placing therapeutics on a firmer and more scientific basis than that of mere clinical experimentations. The author believed that the fundamental principles which governed the action of drugs on diseased human patients could best be grasped by a study of the changes which such drugs produced in healthy animals, and that the differences observed in their influence upon man and upon various animal species was due not to any essential unlikeness in action but to accidental conditions of size, habits and diet.

The present edition brings the treatise up to date, including the best of the new remedies. The rapid issue of eight editions is sufficient testimony to the value of its contents. Due attention is paid to remedial agencies (such as massage, diet, etc.,) which are not drugs. The volume is indexed both to drugs and to diseases.

Correspondence.

BUREAU OF MEDICAL RELIEF.

Baltimore, Sept. 14th, 1891.

Editor Maryland Medical Journal:

Dear Sir:—In your issue of the 12th inst., you publish the prospectus of the Bureau of Medical Relief, and ten statements made by some of the officers at "headquarters of the bureau" in answer to inquiries by a Journal reporter.

In the light of development, subsequent to the meeting mentioned in the 6th statement, I can readily believe that these statements fully represent the sentiments of these "non-medical" managers. *But they certainly did not make themselves so understood at the meeting.*

This 6th statement is substantially correct, except that I know that *all* of the "three members of the medical staff" who were present at that meeting, as well as the medical director, have resigned.

I accepted a position on the medical staff at the solicitation of the medical director, who assured me that the objects of the bureau were such as he stated them to be in his letter to you of Aug. 26th, which appears in your issue of Sept. 5th. I resigned the position in a letter addressed to the secretary of the Bureau, dated Aug. 22nd, in which I stated "that I could not allow myself to be identified with an organization that would antagonize the interest of the medical profession as the Bureau seemed to promise to do." I wish to call the attention of the medical profession through the Journal to some discrepancies between the

prospectus as submitted at the meeting spoken of in this 6th statement, (which is the same that you publish,) and the one upon which the "non-medical" directors of the Bureau have been soliciting membership. I enclose you one of these latter, which is one of a dozen or so that I obtained from the medical director, and which were in my possession several days before I noticed the alteration I shall call to your attention.

I will place them in parallel columns to facilitate comparison and italicize such statements as I wish to be scrutinized.

Object of the bureau as stated in the proof sheets shown at the meeting when three members of the medical staff and the medical director were present: "This bureau has been instituted to alleviate the condition of those who are compelled by illness to secure the assistance of the physician, *and who are unable to pay the expenses of such attendance*, by securing to them, at a greatly reduced cost," etc.

Scale of prices as stated in the proof sheets shown at the meeting spoken of in the 6th statement: Certificate to one person, $1; certificate to a family, $2; annual payment for one person, $6; payable, if preferred, at the rate of 50 cents monthly. For a family of two persons, $10; or $1 monthly. For a family of three persons, $15; or $1.50 monthly. For a family of four or more persons, $20; or $2 monthly.

Object of the bureau as stated in the prospectus, as issued to the public, two or three days after that meeting: "This bureau has been instituted to alleviate the condition of those who are compelled by illness to secure the assistance of the physician, *and to modify the expense of such attendance* by securing to them at a greatly reduced cost," etc.

Scale of prices as stated in the prospectus, issued to the public, upon which the directors began to solicit membership: Certificate of membership, $1; annual payment for one person, $5; payable, if preferred, at the rate of 50cts. monthly. For a family, $10; if preferred, at the rate of $1 monthly.

I leave it to the intelligence of the medical profession to judge of the methods of such management.

Very respectfully yours,

1710 W. Fayette St. J. Wm. Funck, M. D.

Medical Progress.

KOCH'S INSTITUTE FOR INFECTIOUS DISEASES.

A Berlin correspondent of the *Lancet* describes this unique establishment which embodies Koch's own ideas and wishes. It consists of a scientific department and a department for patients—the former located in the triangular building besides the old Charité, the latter provided with new buildings between the Charitè and the City Railway.

These buildings form a group of one-storeyed barracks, nine in number, in the midst of which stands the two-storeyed building which is the administrative centre of the establishment. Seven of the barracks are for patients, two for the attendants. Of two of the seven patients' barracks, each contains one ward with eighteen beds. Of two others, each contains a ward with fourteen beds, and two rooms with two beds each. Of the other three, each is divided lengthwise by a wall without any opening in it into two wards with six beds each. Each of the

two first mentioned barracks has a day-room, which patients who are not confined to bed can enter directly from the ward. The inner surface of the walls in the patients' barracks are painted in oil with a coating of enamel, so that they can be washed at will with disinfectant fluids. The washing and closet utensils are so arranged that there are no little corners for dirt to collect in. The ventilation is so good that the air in the wards and sick-rooms is completely changed twice every hour. The central building contains the administrative offices, a lecture-hall seating sixty, and dwellings for two medical officers and several nurses. Near it, but quite away from the patients' barracks, are the post-mortem and disinfecting rooms. Disinfection is effected by means of a Henneberg's disinfector. The disinfection-rooms are so arranged that the articles to be disinfected go direct from the place of delivery into the apparatus, and are taken from it in another room. The building also contains a bath-room for the person engaged in the work of disinfection. The patients' department will not be used for purposes of instruction, and only theoretical lectures will be delivered in the lecture-hall. The scientific department, too, will not be open to students, but medical men with the necessary preliminary training will be allowed to work in it. Besides Dr. Pfeiffer, the head of this department, twenty assistants and volunteers are now at work, some of whom are at the same time employed in the patients' department. Koch's own laboratory is at the northern corner of the first storey of the building, and those of his fellow-laborers two, three, or four of whom work together in each room, are on the same floor. So far as personal comfort is concerned, the furniture of these little laboratories is of Spartan simplicity, but their scientific equipment is most complete and select. The large incubators are built on the model of those in Pasteur's Institute, so that their internal temperature is not affected by the fluctuations of that of the surrounding air. The uppermost storey contains the chemical and photographic laboratory and the library. The latter consists of books from the collection of the Hygienic Institute and from Koch's own library. The greater part of the ground floor is used for dwellings for the officials of the establishment, and the remainder for keeping the animals needed for experimental purposes. A part of the cellarage is also reserved for animals. Their remains are destroyed in a little crematorium.

BRYONIA ALBA AS A REMEDY.

Dr. Huchard (*Rivista Clinica e Terapeutica*, No. 1891) calls attention to a very old remedy, which has during our own time escaped attention, namely, bryonia. Bryonia is a member of the Cucurbitaceæ. The part of the plant used is the root, which may attain the size of a man's arm, or even the thigh. The root is fleshy and yellow in color, while its juice is acrid and bitter. In the spring it is full of a white, irritating and drastic juice. Its active principle is called bryonine. This remedy is one of the most ancient of medicines. Dioscorides praises its purgative and diuretic properties. Boerhaave used the dried root in wine as a cathartic in the treatment of dropsy. Harmand du Montgarny (1783) called it "the true European ipecacuanha," and used it in dysenteric diseases. Bryonia is a hydrogogue purgative which causes profuse watery stools, similar to those of jalap or senna. Two strong doses cause poisoning and a choleriform state. Huchard recommends the remedy as a purgative, three grammes (forty-five grains) of the powder at a dose, this dose producing in a case of hypertrophic cirrhosis with constipation five liquid stools and slight colicky pains; he also recommends it in whooping-cough, febrile diseases and inflammations of the respiratory tracts; in bronchitis, pleurisy, pneumonitis, etc. Bouchet used the tincture in febrile dis-

eases. Dr. Louvet-Lamarre used bryonia in whooping-cough, where it diminishes tracheo-bronchitis, but does not shorten the duration of the disease. The dose is one gramme (fifteen grains) per day for a child of seven years. During the spasmodic stage Lamarre prescribed the tincture of arosera, one gramme (fifteen drops) per day. Huchard uses a larger dose, two to five grammes (30 gtts. to 1¼ fl. ʒ) of the tincture. The two remedies may be associated, one to two grammes of bryonia tincture to two to five grammes of arosera. The powder may be given one-half to four grammes per day.—*Cincinnati Lancet-Clinic.*

OPIUM ADDICTION AS RELATED TO LIFE INSURANCE.

Dr. J. B. Mattison discusses the length of time that is necessary to intervene from the stoppage of taking opium in a habitué before the issuing of a policy by an insurance company. The writer has examined the instructions given to the medical officers of thirty leading companies, and on the above point all are silent. On conferring with the medical directors of a dozen leading companies it was found that the rule is to refuse such applicants and demand a three to ten years' probation. While the habitual use of opium may produce structural change in the kidneys, the ex-opium habitué can present a claim for life insurance which should entitle him to an earlier and larger consideration than the dram-drinker. As to the probation period the largest risk of readdiction is before the seventh month; and there is no legal objection to making the policy conditioned upon the leaving off of opium and the examination of the individual at certain times to see if he has really followed out his promise.

The author concludes his paper with the remark that three years of entire abstinence from opium, if no more than five years of addiction, all other conditions being favorable, should entitle an applicant to insurance.—*New York Medical Examiner,* June, 1891.

WARUM ICH NICHT MEHR VEGETARISCH LEBE.

Such is the title of an article containing the renunciation of Dr. Alanus, sent to the *Renish Courier.* He says: "Having lived for a long time as a vegetarian without feelingany better or worse than formerly with mixed food, I made one day the disagreeable discovery that my arteries began to show signs of atheromatous degeneration. Particularly in the temporal and radial arteries this morbid process was unmistakable. Being still under forty, I could not interpret this symptom as a manifestation of old age, and being, furthermore, not addicted to drink, I was utterly unable to explain the matter. I turned it over and over in my mind without finding a solution of the enigma. I, however, found the explanation quite accidentally in a work of that excellent physician, Dr. E. Monin, of Paris. The following is the verbal translation of the passage in question: In order to continue the criticism of vegetarianism we must not ignore the work of the late lamented Gubler on the influence of a vegetable diet on the chalky degeneration of the arteries. Vegetable food, richer in mineral salts than that of animal origin, introduces more mineral salts into the blood. Raymond has observed numerous cases of atheroma in a monastery of vegetarian friars, amongst others that of the prior, a man scarcely thirty-two years old, whose arteries were already considerably indurated. The naval surgeon, Treille, has seen numerous cases of atheromatous degeneration in Bombay and Calcutta, where many people live exclusively on rice. A vegetable diet, therefore, ruins the blood-vessels and makes prematurely old, if it is true that man is as old as his arteries. It must produce at the same time tartar, the senile arch of the cornea, and phosphaturia. Having unfortunately seen these newest results of medical investigation confirmed by my

own case, I have, as a matter of course, returned to a mixed diet. I can no longer consider purely vegetable food as the normal diet of man, but only as a curative method, which is of the greatest service in various morbid states. Some patients may follow this diet for weeks and months, but it is not adapted for everybody's continued use. It is the same as with the starvation cure, which cures some patients, but is not fit to be used continually by the healthy. I have become richer by one experience, which has shown me that a single brutal fact can knock down the most beautiful theoretical structure."—*Med. and Surg. Rep.*

CANE DISEASE.

In the *Revista de med. y cir. prac.*, Vincente Gomez gives three cases of professional disease due to reeds. The first case was that of a man of 49 years who had worked in the reeds for the last ten years. On August 2nd he was engaged in gathering the reeds together which had been cut during the preceding winter and had been exposed to the weather without being separated. They were covered with a fine ash-like dust, which was diffused into the air when the canes were moved. On the evening of the first day after he had been at work for a short time, he was attacked with an intense cephalagia, followed by want of appetite and insomnia; urine scanty, perspiration profuse. The next day there was a sensation of heat, epistaxis, with painful swolling of the mucous membrane of the nose and mouth, which rendered movements of the eyelids difficult; there is also pain on the side of the external genital organs. On the sixth day, loss of appetite, fetid breath, dry tongue; some fever and slight albuminuria; on the cheeks are small scales of a dull color. The prepuce is inflamed, presenting complete phimosis; the least touch is very painful. There were two other cases of the disease noted, but in these, the workmen, seeing the powder rise in a cloud when the canes were moved, and knowing their danger, by experience, left their work. This powder is generally found on reeds collected on marshy ground and have been exposed to the action of humidity and heat; the danger is increased if the workers are in a state of perspiration, and the severity of the attack is in proportion to the amount of the powder present. The author attributes the affection to products of fermentation which develop in the reeds. The disease is known in France under the name of the *Maladie des cannes de Provence*. —*Sanitarian.*

A DISCUSSION ON DIPHTHERIA.

The following discussion on diphtheria way held at the Seventh International Congress of Hygiene and Demography, London, August 21, 1891: On Wednesday, the time was occupied, in the Section upon Preventive Medicine, by papers and discussions upon Diphtheria. Dr. Seaton opened the discussion with a brief statement of his experience with the disease as it had occurred in different parts of London.

Dr. Schrevens, of Belgium, stated his belief that diphtheria was concurrent with typhoid fever, with reference to the time and severity of its occurrence. He advocated early notification of cases and strict isolation, for its prevention.

Dr. Hewitt, of Minnesota, gave a brief sketch of the history of diphtheria in Minnesota. He concluded that diphtheria, as it had appeared in his State, was more common among women than among men, between the ages of twenty and thirty years, accounted for by the fact that cases were mostly nursed by women. Forty-four per cent. of all cases occurred below the age of five years.

Dr. Bergeron, of Paris, followed with a paper on the "Spread of Diphtheria in Europe in the Past Fifty Years." He gave a *rèsumè* of the history of its prog-

ress, and advocated isolation, and the closing of schools in infected districts.

Dr. Gibert, of Havre, said that a special crusade was carried on by an organization called a *brigade de salubrité*, which insisted upon the prompt notification of cases and the disinfection of unhealthy localities. He believed it could be stamped out by strict measures.

Dr. Abbott, of Massachusetts, gave a history of the disease in that State, with tables conforming to those published by Dr. Longstaff. Assuming the mortality in dense districts (those in which there was less than one acre to each person), as 1,000, the medium districts of the State (having more than one acre, but less than two acres to each person), had a mortality of 803, and the sparsely settled districts (having over two acres to each person), had a mortality of 609, these figures, being compiled from 32,517 deaths which occurred in the State from 1871 to 1888, inclusive. Many other facts relating to its prevalence in different parts of the State were presented, and the following conclusions stated:

1. That diphtheria is an eminently contagious disease.

2. That it is infectious, not only by direct exposure of the sick to the well, but also through indirect media, such as clothing and other articles that have come in contact with the sick.

3. That the certainty of infection is not so great as in the case of some of the other infectious diseases, notably small-pox and scarlet fever.

4. That overcrowding, faulty ventilation, and filthy condition of tenements favors its spread.

5. That the influence of defective plumbing is not proven.

6. That its transmission through public and private water-supplies is not proven.

7. That its propagation is favored by soil-moisture, damp cellars, and general dampness of houses.

8. That the poison may remain ineffective in houses for a long period.

9. That density of population favors its spread.

10. That public funerals promote its spread, but that an infected house in which a funeral is held is quite as liable to spread the disease as the body of a person who has died of diphtheria. A living, breathing person sick with diphtheria is more liable to communicate infection than the body of one who has died of diphtheria.

Dr. Charles Paget offered a paper intended to show a "difference in the susceptibility of old and new residents to diphtheria."—*Boston Med. and Surg. Journal*, Sept. 17, 1891.

PARAFFIN IN DIPHTHERIA.

In the *Lancet*, August 29, 1891, Dr. Sydney Turner writes: I have treated 30 cases (children and adults) with paraffin, and have had the satisfaction of seeing every one recover. My plan is to ask for the ordinary paraffin used in lamps, and having scraped off the diphtheritic patch, to apply the paraffin every hour to the throat (internally), with a camel's hair brush. As a rule, the throat gets well in from twenty-four to forty-eight hours, and with improvement in the throat the paraffin is applied less frequently, but I continue its use for two or three days after the complete disappearance of the patches. In three very severe cases I found that, as the diphtheria gradually disappeared, tonsillitis supervened, which I treated in the ordinary way. I find from experience that it does not do to allow the paraffin to stand in an open vessel; it seems not to have the same curative effect if exposed long to the air. It should be poured out from the can

each time it is used. I can speak definitely as to the therapeutic effects, but am unable to state what the chemical action of paraffin on the diphtheritic membrane is; I can only suppose that the hydrocarbons in the liquid exert some powerful influence on the membrane. I cannot see why, as the local action of paraffin is so beneficial in these cases, it should not exert an antiseptic influence if vaporized and mingled with the air in a room occupied by a diphtheria patient.

In conclusion, I would say that I have ordered a generous diet for the patient and a mixture containing tinct. ferri perchlor. and potass chlor., taken every three or four hours, and that in some cases where, owing to the lateness of the hour, there was a difficulty in obtaining the medicine, the throat having been brushed diligently with paraffin, there was a decided improvement in the morning before any of the mixture had been taken, showing that the improvement was due solely to the paraffin treatment.

THE ARACHNOID OF THE BRAIN.

Dr. F. W. Langdon, of our city, published in the *Medical Record* an article upon "The Arachnoid of the Brain." The article was read before the Association of American Anatomists, at its annual meeting, Boston, December 29, 1890. He arrives at the following conclusions:

1. The arachnoid membrane is a true shut sac, similar in structure and function to the serous membranes of the other great cavities.

2. The arachnoid cavity communicates freely with the sub-arachnoid space, by means of two foramina situated in the visceral arachnoid, one on either side of the medulla. For these I would propose the name "lunulate foramina," from their crescentic or lunulated edges, produced by the attachments of fibrous bands which cross the openings transversely.

The entire paper is extremely interesting, and will amply reward one for its reading.—*Cincinnati Lancet-Clinic.*

THE TREATMENT OF FURUNCULOSIS.

Dr. Viel publishes in the *Monatsschrift für Pract. Dermatologie* an interesting paper on the treatment of furunculosis. He says that the first aim of such treatment should be to destroy the pyogenic coccus in the skin by anti-parasitic remedies before necrosis of the tissues has taken place. If this necrosis has already taken place, then the separation of the necrotic mass and the expulsion of the pyogenic cocci should be accelerated as much as possible. The next aim should be to prevent by injections a new formation of boils. Lastly, the system should be prepared to resist a new invasion of the cocci. The author says that it is rarely possible to fulfil the first condition, and when once the invasion of the pyogenic cocci has produced visible alterations, such as swellings, nodes, or vesicles, necrosis has occurred, and the glandular secretory tract is occluded by pus. This prevents any antiseptics which have been applied to the skin from penetrating to the pyogenic cocci at the fundus of the gland. It is, therefore, impossible for the carbolised mercurial plaster of Unna, the concentrated spirituous solutions of boracic acid recommended by Lowenberg, and many other applications, to do any good. The injection of a three per cent. carbolic acid solution, and the introduction of a wire armed with nitrate of silver, are most painful, and, after all, uncertain. In speaking of the next condition of treatment the author decidedly recommends the old method of hot poultices. He considers that no remedy leads so quickly and certainly to the desired result. To prevent infection of the neighbouring tissues he recommends washing the skin with cotton wool dipped in a 1 per cent. solution of corrosive sublimate, or, when the skin is very sensitive, of a

4 per cent. aqueous solution of boracic acid, before the application of each poultice. At night the boil is covered with a paste of equal parts of zinc and vaseline with 4 per cent. of boracic acid on lint. He also recommends that very indolent boils should be opened, and thinks that it is wrong to squeeze them too soon. The paste also serves to guard the neighbouring glands from infection. When a bath can be borne, the author prescribes sublimate baths. He gives his patients highly nourishing food, and, when they are anæmic, preparations of iron.—*Lancet*, Aug. 29, 1891.

A RELIABLE PURGATIVE ENEMA.

Dr. Charles P. Noble writes, in the *Medical News*, that the following enema has proved so reliable and satisfactory in his hands that he feels it is worthy of a brief note:

℞.—Sulphate of magnesia . . . ℥ij.
Glycerine . . . . . ℥ij.
Oil of turpentine . . . . ℥ss.
Water . . . . . ℥ij.

M. Label: "To be used as an enema."

To move the bowels after abdominal section, or after plastic operations on the female pelvic organs, it has been in constant use for many months. When used alone it has moved the bowels, as a rule, promptly, and has been equally effective when given as an adjuvant to some cathartic taken by the mouth. Prior to the employment of this formula I had used the simple enemata of glycerine, and of glycerine and turpentine, which are distinctly inferior to the one above recommended. The combined action of Epsom salts, turpentine and glycerine is very effectual, not only in evacuating the rectum, but also in getting rid of flatus, which is the cause of much of the pain present after abdominal section. I have had the opportunity, upon two occasions, of testing the activity of this enema in cases of threatened obstruction of the bowels following operation. Other measures failing—including large and small enemata—I have introduced a long, soft tube up the rectum, and given this enema into the descending colon, with the happiest results. Now that the use of opium has been banished from the after-treatment of cases of abdominal section, this enema has, in my hand, become the great anodyne. When given through the rectal tube its employment promises much in cases of partial obstruction of the bowels, also in obstruction due to paralysis of the bowel. The enema is best given through a hard-rubber piston-syringe.—*Med. Rec.*

DRUG MEDICATION IN CHRONIC BRIGHT'S DISEASE.

Dr. Lepine (*La France Médical*), says: Diuresis is produced by alkaline waters and ptisans. But cardiac lesions, so frequent in Bright's disease, render necessary the use of cardiac remedies. In the first rank of the latter comes crystallized digitalin, in doses from one to two milligrammes. It is prudent not to use this medicine two days in succession, but to interrupt it for several days, so that its elimination may be complete.

Caffeine is recommended in gramme doses, especially by way of injection. Salicylate of theobromine is less active, even in three gramme doses. Strophanthus and squill are to be rejected on account of their irritating action on the kidneys. In the case of arterio-sclerosis, iodide of potash gives good results.

Revulsives over the lumbar region are very useful, especially in the period of renal congestion. Repose in bed, well covered, is to be recommended in prefer-

ence to vapor baths, which might prove dangerous. Walking is not to be advised. It is rather harmful, though in a less degree than cold and moisture.

Senator, of Berlin, says: I recognize the inability of medicine to combat albuminuria. Iodide of potash, though evidently without effect in parenchymatous nephritis, is perhaps very useful in the interstitial form coincident with sclerosis of the arteries, hypertrophy of the heart, etc. Here, evidently, the nephritis is secondary, and the iodide is able to cause the albuminuria to disappear, diminish the polyuria and secure prolonged remission. Semmola, Leyden and others are of this opinion. Milk is a good remedy in appropriate cases, especially in parenchymatous nephritis, where there is little thirst. It is, however, to be avoided in sclerosis with polydipsia.—*Dietetic Gazette.*

Medical Items.

The German Anthropological Congress will meet at Ulm in 1892.

A Bacteriological Institute is to be established in St. Petersburg, under the charge of Dr. Gabrylowicz.

Dr. A. D. Rockwell has resigned the chair of Electro-therapeutics at the New York Post-Graduate School.

The American Gynecological Society elected Dr. John Byrne, of Brooklyn, its president for the ensuing year and selected Brooklyn as its next place of meeting. Dr. W. E. Moseley, of this city, was elected a Fellow of the society.

A Pasteur Institute was opened at Saigon on June 1st, under the auspices of the French Government. Though primarily intended for the practice of antirabic inoculation, the work of the institute will extend over the whole field of microbiology.

Dr. Thomas F. Wood, for many years the efficient secretary of the North Carolina Board of Health, has recently been elected to another term of six years. Dr. S. W. Battle, of Asheville, was elected at the same time for a like tenure. They both sit as representatives of the State Medical Society. There are seven medical men in this board of nine members.

The first lady admitted to the medical profession in Portugal completed her curriculum in the Lisbon Medico-Chirurgical School last year. This year two ladies, Senhora D. Amelia Cardia and Senhora D. Sophia da Cunha, have taken the degree of Doctor of Medicine in the same seat of learning, and two others have just finished their medical studies at Oporto.

The second triennial meeting of the Congress of American Physicians and Surgeons, was held this week in Washington, D. C. The Congress was opened Tuesday afternoon by a discussion of Wound Infection and Disinfection. The President's Address, by Dr. S. Weir Mitchell, of Philadelphia, was delivered Wednesday evening, the subject of the address being, "The History of Instrumental Precision in Medicine." A list of the fourteen constituent societies was given in the JOURNAL of Sept. 12th. A number of the more important papers will be presented to our readers in the earliest possible issue of this JOURNAL. The work done by the Congress in general session and by the different special societies which compose it will compare favorably with that of the first Congress or of any of the gatherings of professional bodies held in this country.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 23. BALTIMORE, OCTOBER 3, 1891. NO. 549

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CLINICAL STUDY AND ANALYSIS OF 1,000 CASES OF PSORIASIS.

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Physician to the New York Skin and Cancer Hospital, etc.

(*Concluded from page* 470.)

In very many instances it appears to be quite clear that the obstinacy of psoriasis depends largely upon the irregular and imperfect manner in which the patient has carried out the treatment, and to the interruption of the same just when it promised success; for with an eruption of this nature which gives comparatively little personal discomfort, especially when it has been largely removed, it is exceedingly difficult to secure a faithful and persistent carrying out of the remedial measures suggested. So many patients fondly suppose that when the eruption is improving the gain will be continuous and constant, that they to a greater or less degree relax their efforts and become more or less careless in their treatment, until finally a fresh crop of eruption warns them of the necessity of resuming the active fight.

There can be no greater error than this on the part of the physician or patient, for the natural history of the disease shows conclusively that it has almost no tendency to a self limitation, but that having once begun it is exceedingly likely to continue during all of the patient's life, unless checked by medical means or by other agencies relating to diet, hygiene or climate, of which we know but little.

Although it has just been remarked that in a considerable share of cases the

rebelliousness of psoriasis is largely chargeable to the patient's carelessness and want of persistency in treatment, it is doubtless true that in a certain proportion of instances, which I believe to be relatively small, the disease really seems to be incurable, however faithfully and intelligently the treatment may have been prescribed or carried out. This is exemplified in the case of a young lady who was under observation and treatment for twelve years; the eruption had begun in her twenty years, before she was first seen, when she was but ten years old, and it persisted in spite of much and varied treatment, which it is believed was faithfully carried out. A certain amount of benefit could always be obtained, but it would only be transitory; remedies would soon lose their effect and disagree with the patient and the course of the case was often most disheartening. The face was a prominent point of attack and the eruption very often caused her much distress, both mental, and at times physical. When last seen, at about 42 years of age, the eruption was still present to a very troublesome degree.

From the well-known rebelliousness of the disease the question is often asked whether it is really curable or whether it must not be reckoned as an incurable affection. To this I commonly reply that the disease is indeed one of the most rebellious of all those appearing upon the skin, but that in a certain proportion of cases it is undoubtedly curable under proper conditions. The relative curability of psoriasis appears to depend very largely upon several conditions, such as the age at which the eruption first appeared, the period in the disease at which treatment is commenced, the character of the treatment employed and the faithfulness with which the same is persisted in.

In regard to the age at which the eruption appears, psoriasis is certainly most easily controlled in children if taken hold of vigorously and if treatment is persisted in faithfully. I therefore urge patients most earnestly to sacrifice everything in the attempt to free their children from the disease in their earliest years, for if neglected or improperly treated psoriasis is not only far more likely to persist many years naturally, but will probably become more and more rebellious to treatment. Cases of psoriasis first developing between the ages of 20 and 25 years are apt to be exceedingly rebellious, although I have known such instances to be cured; those in which the eruption appears much later in life will often yield very readily, especially if they occur in gouty subjects, where this element can be modified by diet or treatment.

This brings us to the second point, viz.: that the prognosis of psoriasis depends considerably upon the date in the disease at which the treatment is commenced. When the eruption has existed for a long time and the psoriatic habit has become, as it were, thoroughly pronounced, it often seems exceedingly difficult to do more than to give temporary relief, very little being accomplished in the way of preventing relapses or eradicating the real disease.

The third element having to do with the prognosis of psoriasis is the character of the treatment employed. I am well aware that there are not a few who, regarding psoriasis as a local disease of the skin with no constitutional relations, will not at all agree with me in reference to the matters about to be stated. Time does not permit of a full discussion of this most important subject of the constitutional relations of psoriasis, and as this is a clinical paper I will only briefly state my own position and belief in the matter as it has been developed from extended study and observation.

In my judgment, it is not sufficient to regard cases of psoriasis solely from the standpoint of removing the eruption which happens to be present at the time of consultation. I believe that more ought to be accom-

plished than this, and I believe also that with due diligence and proper care more can be accomplished. While we cannot at present speak of the cure of psoriasis, that is, its permanent cure, with any amount of certainty or satisfaction, in individual cases, it is undoubtedly true that in a certain proportion of instances such changes in the habits and condition of patients can be affected by prolonged and skillful medical care that the disease, or its skin manifestation, will remain absent.

While we must agree with Robinson* and Jamieson† that "the first step in the diseased process is taken by the cells rete Malpigii, which lie next to the derma, and not by the papillæ, and that psoriasis can be regarded as primarily an inflammatory disease or affection of the upper layer of the cutis," we must still hold to the belief that psoriasis is not a local disease of the skin, as are the periodic affections epithelioma, verruca, etc., but in some way depends upon an unknown constitutional condition more or less akin to rheumatism and gout, and that unless this condition is altered the eruption will recur at different periods and with varying severity. To be successful, therefore, the treatment of psoriasis must include diet, hygiene and proper medical measures, including both internal and external medication.

The nature and character of the measures necessary to affect this will be considered later under the head of the treatment of the disease.

The heredity of psoriasis is a subject of some little interest and one which deserves more attention than has hitherto been paid to it. The impression is very general that the disease is very commonly acquired by inheritance; indeed, this is about the only etiological affection which is recognized with any certainty by most writers upon the disease. It is a little difficult to obtain reliable data in regard to this matter and but little value can be placed upon the statements obtained from the mass of patients commonly seen in public practice. In the more intelligent class of patients seen in office practice, however, we can generally obtain the necessary facts with a little care, and this has been done in a large share of the cases here analyzed, in private practice patients being interrogated both as to the positive and negative aspects of the question, and the results obtained in the 322 cases are exhibited in the table V:

TABLE V.—HEREDITY.

	Male.	Female.	Total.
Cases with anterior heredity,	14	19	33
Cases with posterior heredity,	6	1	7
Cases with no heredity,	74	62	136
Unknown or unrecorded,	137	72	209
	231	154	385
Cases with parents affected,	12	15	27
Cases with grandparents affected,	3	3	6
Cases with children affected,	15	1	16
Cases with brothers and sisters affected,	27	17	44
Cases with collateral relatives affected,	4	7	11

Here we see that in but 33 cases was there any anterior heredity recorded; of these, 27 reported the disease as having existed in one or the other of their parents, and in 6, patients reported a grandparent affected. The records are

*Robinson, New York Medical Journal, July, 1878.
†Jamieson, Medico-Chirurgical Society of Edinburg, November 6th, 1878.

founded upon the notes regarding 143 children of psoriatic parents. Of these, but 15 are recorded as having the disease, that is, only a trifle over ten per cent. Out of 291 brothers and sisters of psoriatic patients, only 41 are recorded as affected, while 250 escaped, a ratio of only 14 per cent.; of collateral relatives there were only 11 instances in whom psoriasis was reported, upon inquiry, to have existed. It would seem, therefore, from a study of these cases at least, that heredity bears but a small share in the production of psoriasis, the proportion of instances exhibiting this certainly being not as great as could readily be found among cases of eczema, acne, urticaria, and perhaps other skin affections.

The location of the lesions of psoriasis is not a little interesting, although but little practical value can be derived from the data concerning them, in the following table VI:

TABLE VI.—LOCATION OF PSORIASIS.

Location.	Males.	Females.	Total.
General,	123	90	213
Head,	92	65	157
Body,	90	49	139
Upper extremities,	97	87	184
Lower extremities,	84	57	141
Genitals,	14	4	18
Palms and soles,	9	4	13

The figures in regard to this feature are recorded, the various locations being noted where the disease either existed exclusively or appeared. Thus it was found to be diffused in all parts of the body in 213 instances; the head was affected in 157, the body in 139, the upper extremities in 184, etc. Psoriasis very rarely affects the palms and soles, but 13 instances having been noticed among the cases here analyzed.

The complications of psoriasis are often very interesting and at times very important; appearing, as it does, at all ages and often lasting during many years, it naturally often co-exists with many other affections and conditions of the body.

As is well known, during certain general or exhaustive diseases psoriasis will often disappear spontaneously and rapidly, only to reappear with renewed activity when the acute disease has passed off. The eruption is not at all infrequently seen to co-exist with others upon the same patient, the one more or less mistaking and complicating the other; thus, among the private cases psoriasis was recorded to have co-existed in different individuals with no less than eighteen other well recognized skin affections; in many other instances such co-existence may have happened without particular note having been made of the matter. First among these stands eczema, which was noted in 20 individuals with psoriasis; acne also existed in about the same number in a degree to call for record and treatment: syphilis occurred in 12 psoriatic patients, while the rest of the skin affections were exhibited in one or more patients with psoriasis. Syphilis stands first perhaps in importance in this connection and will often so complicate and mistake psoriasis that it is exceedingly difficult to determine with certainty exactly the share which the two diseases bear in the eruption present. When syphilitic infection takes place in psoriatic patients the earliest lesions will often be found to more or less represent the disease under consideration. Indeed, the spots of psoriasis will thus undergo a modification and so resemble the new syphilitic papules scattered among them that they are hardly distinguishable one from the other, the lesions of psoriasis become more succulent, more raised, of a darker red,

and covered with more adherent, firmer, thicker, more yellow and less shiny scales. As the syphilitic poison yields to vigorous treatment the psoriasis again resumes its more indolent character, the lesions become paler and flatter, the scales more transparent and shiny; occasionally it will be seen that the psoriasis will yield in a remarkable manner and largely disappear under the effect of an active treatment given for the syphilis. But this gain is not permanent, and the psoriasis, if not properly treated, relapses speedily.

The most interesting complications or relations of psoriasis are those with rheumatism, gout and the so-called scrofulous habit. The true causative relations between these blood conditions of psoriasis have not been as yet determined, and it is very difficult to establish them with any degree of certainty; but clinical experience shows them to co-exist with the disease and the symptoms of the one to vary with the symptoms of the other to such a degree and in such a manner that there can be little doubt but that some causal relation exists between them. This is a subject which has been already considerably dwelt upon by many writers, and the French school especially have long recognized the arthritic relations. Bourdillon‡ has recently elaborated the subject very fully in regard to joint changes which take place in connection with aggravated cases of the disease and has collected a considerable number of illustrative cases. That there is any question that these psoriatic and arthritic symptoms depend upon the same systematic change or poison there can be little doubt by one who has at all carefully studied the subject and followed such cases clinically for any period of time.

While it is difficult to determine and demonstrate any acquired relation between the strumous state and psoriasis, clinically it is very easy to distinguish cases which may be placed under the scrofulous type of the disease from those which belong to the gouty class. While the eruption in this latter condition is characterized by a considerable amount of congestion of surface, frequently much irritation of the skin, either with pain or itching, the abundant production of thin white scales, easily shed and frequently renewed, the strumous form of psoriasis is characterized by its more indolent nature, a duller red of the patches, a greater accumulation of more yellow, thicker and more adherent scales, and the total absence of any irritation from the skin. The treatment of the two classes of eruption is also quite different, and the internal remedies of value in the strumous variety prove prejudicial to the eruption in arthritic patients. No statistics have been prepared to exhibit these features, but from a rough estimate I should judge that fully one half of the patients with psoriasis exhibited to a greater or less degree the arthritic element calling for treatment, while in about one half of the remainder the strumous nature of the disease should be recognized, and in the other quarter an accurate determination with regard to these features could hardly be made.

In the large majority of cases of psoriasis the disease maintains its proper characteristics to the end, often during a long period of years; as it recurs after a greater or less subsidence, it may appear as a punctate, guttate, marmular or bicular, or gyrate eruption, but it can always be recognized as psoriasis. In certain instances, however, it will more or less change its character and approach to a greater or less degree those of eczema and pityriasis rubra, occasionally being quite transformed into one or the other of these affections. As already mentioned, in no less than 20 instances among the private cases, or 6 per cent., eczema was noted as present to a greater or less degree; I have always regarded any tendency in psoriasis to assume an eczematous aspect as a favorable symptom, and in proportion as this is exhibited in patients can the disease be more readily man-

‡Bourdillon, Psoriasis et Arthropathies, Paris, 1888.

aged. Far more rarely does psoriasis develop into pityriasis rubra, but I have seen this to occur in two, or perhaps three, instances; in the case of a gentleman recently seen, now some 50 years of age, the disease had so extended itself during many years existence that now a large share of the lower extremities and also the trunk is affected with extensive, often red, surfaces, marked by superficial lines, these covering large areas and exactly resembling the tissue seen in pityriasis rubra. The heat and burning in this is sometimes intense. This patient is also a great sufferer from rheumatism. Bourdillon§ has cited a number of cases illustrative of this.

The treatment of psoriasis is a subject upon which very much has been writen and yet one which is by no means clearly settled; indeed, it is one about which there is still the greatest diversity of opinion and which it may be said is in a very unsatisfactory state.

To those who believe it to be incurable as a disease, and only attempt the benefitting or removal of the eruption present, the task is relatively light, for a number of agents are known which generally succeed in affecting a great improvement or causing the eruption to disappear in varying lengths of time. But all agree that their effect is at most but local and temporary, and we find that those who argue most for local treatment speak most expectantly of the probable return of the eruption with the coming change of season. But patients with the eruption naturally seek for more than this and are very properly desirous that they should be freed from the disease in such a manner that they will not be subjected to the continual annoyance of its recurrence. In a certain small percentage of cases it is true that when once removed by local means alone the eruption sometimes remains absent even for a period of years, but this is so much the exception that it is hardly ever counted upon or expected by localists. It has already been mentioned that in order to secure a more permanent removal of the eruption treatment must include diet, hygiene and both internal and external medication.

To one who has closely studied diseases of the skin in private practice there can be little doubt but that diet has more or less to do both with the production of skin diseases and their cure. In some eruptions the relations exhibited between dietary elements and skin lesions are very striking and unmistakable; in many others they are more obscure, while in certain instances with our present light it seems very difficult to obtain much data of value with regard to the matter. In gouty and rheumatic subjects of psoriasis the effect of a full and stimulating diet is often most markedly exhibited in the rapid increase of the eruption, in its congested and irritable character and in the freer production of scales, while a light and unirritable diet without the use of stimulants will often be followed by a marked improvement in the eruption. Everything contributing to the production of an acid state in these subjects also tends to increase the skin difficulty; and every indulgence in sweets, pastry, fermented wines and beers will often precipitate an attack and will always aggravate the existing eruption.

Excessive meat eating will also increase the disease, which will frequently yield with much greater rapidity under the same treatment as before when the amount of meat taken is lessened or when it is entirely cut off; on the other hand, oil and fatty matter, if properly digested, aid in removing the diseased state.

Under hygiene should be included proper attention to the clothing worn and

§Bourdillon, Loc. cit. pp. 8, 57, etc.

to the mode of life in order to avoid and check all perspiration or the chilling of the surfaces at any time, which I have repeatedly seen followed by the original outbreak of the disease, and also by returns of the eruption. I believe that only pure wool should be worn next to the skin by these patients both summer and winter. A warm and equable climate undoubtedly conduces to the cure of the disease, and I have known patients to remain quite free from the eruption while in the tropics.

Internal medication has very considerable effect on psoriasis in a large share of the cases and should never be omitted. In rheumatic and gouty subjects a pretty free and full alkaline treatment very commonly will control the disease to a very great extent; acetate of potassium is about the best remedy, and may be given with a free hand combined with nux vomica and a powdered infusion to which colchicum may often be added with advantage. Citrate of potassium and the liquor potassæ are also often of great service, the latter being given even up to 20 to 30 drops or more three times a day, freely diluted. In strumous cases the most brilliant results will sometimes be obtained by cod liver oil and hypophosphites or other suitable medication. In quite a proportion of cases the eruption will seem to be induced and largely kept up by simple debility, and a good iron tonic with liquor potassæ and a little arsenic will cause the greatest improvement in the eruption, even without any local treatment. This is also often required in gouty and rheumatic cases after the congestive element has been removed by free alkaline remedies. Attention should always be paid to the condition of the bowels, the digestive system and urine of psoriatic cases, for if these elements are faulty other medication is often valueless.

Arsenic long ago established its reputation and has fairly maintained it in the treatment of psoriasis, and singly and alone is perhaps the one remedy of greatest value internally in this disease. But its value has been more or less over-rated by many, and everyone who has had much experience with this disease must have witnessed its failure many times. That it can powerfully affect the eruption and even cause its disappearance in many instances and often a cure of the disease in certain cases when used freely and persistently, no one doubts. As it is a more or less safe remedy it should be given, when employed, in doses sufficient to effect the purpose desired or until some of its physiological actions become so pronounced that the drug can no longer be borne. Individual cases vary greatly in regard to the amount of arsenic which they can stand, and in each case it must be pushed fearlessly and faithfully in the directions indicated. I do not believe there is any deleterious effect to the system from the prolonged use of the drug; it is well to remember that it passes off rapidly with the urine and no traces of arsenic are found in the body a short time after its use has been discontinued, even although much had been previously taken. It matters little in what form arsenic is given, as it is believed that the mineral itself is a very active agent and it seems to operate about the same in whatever combination or form it is given.

Mineral springs are often thought to be of great value in the treatment of psoriasis, but after very considerable experience in their use and after reviewing a recorded experience of very many patients at a great variety of mineral springs I must confess that they have disappointed me greatly. The sulphur springs are in the main, as is well known, those which yield the best results, but even these I have rarely seen to effect a permanent cure of the disease. Faithful treatment at them will very frequently be followed by the removal of the eruption present, but it has sometimes seemed that it burst out again with even greater vigor subsequently, on account of the treatment there taken, so that I cannot to-day re-

commend a patient with psoriasis to go to any particular mineral spring with any definite hope or expectation that great or permanent benefit will be derived therefrom.

The local treatment of psoriasis covers a large ground and has been so frequently and ably discussed that it is hardly worth while to enter upon the subject here. My experience certainly shows that the effect of local treatment is but local and temporary, and although when applied early and fairly it may prevent, to a large degree, the development of the eruption, it quite frequently fails to effect this.

Chrysarobin undoubtedly still holds the first place as a powerful agent in removing the eruption present, but on account of the many well-known objections to its use I employ it comparatively rarely in private practice and then mainly in a compound with salicylic acid and collodion; pyrogallic acid and anthrarobin are of more or less value, but second in active powers to chrysarobin. I use, more than anything else, white precipitate in an ointment with bismuth and carbolic acid. In acutely developing psoriasis a soothing and astringent lotion of calamine, oxide of zinc, with carbolic acid, and will often, when combined with proper internal treatment, check the development of the eruption very satisfactorily. Alkaline baths have proved to be of the greatest service in my cases of psoriasis, and I make very free use of them in their treatment. Oil of cade, as is well known, is one of the most efficient remedies in the removal of the eruption of psoriasis, and I have found a special value in the combination, suggested, I believe, by M. Vidal, composed of oil of cade 50, sapo viridis 25, and glyceriti amyli 130, well rubbed into the surface at night and washed off in the morning.

In concluding this study of the cases of psoriasis which have been under my personal care, I wish again to impress the view which experience has developed more and more in me that psoriasis is not a local disease of the skin, but is most certainly a manifestation of some underlying constitutional condition. Of this constitutional state or condition we as yet know but little except that there is behind it a process of sub-oxidation and acidity, often exhibiting itself in rheumatic and gouty symptoms. That these symptoms are not marked in the larger proportion of cases does not argue against the blood state or constitutional condition underlying both. Unfortunately the microscope has not revealed to us any one essential in regard to the true nature or etiology of psoriasis, although several suggestions in regard to a parasitic or microscopic origin have been put forth; I imagine there are few, if any, who give credence to such accounts. What the future will develop, if anything, in regard to the etiology of the disease no one can predict, but it is believed that our knowledge of the disease will be advanced by closer clinical observation and study of large numbers of cases, and it is in this belief that I have ventured to bring before you the present analysis and study of the disease.

The ice pitcher is a great comfort in the sick room or any other room such nights as we are having just now, when the mercury is close up to 100°. But to make the ice last well take a cardboard box a little larger than will cover the pitcher, put several newspapers on outside and inside of the box, sew them lightly but firmly to the box, then a neat muslin or other cover on the outside and a handle to it, and your ice water will remain cold and the ice last twice as long as in the uncovered pitcher.

AN OPHTHALMOSCOPE FOR GENERAL USE.*

BY EDWARD JACKSON, M. D.

It would be a great gain to both doctors and patients if a much larger proportion of those who class themselves as general practitioners were able, when the need for it arose, to use the ophthalmoscope. One who has no practical experience with it cannot even properly appreciate what he reads or hears of ophthalmoscopic appearances. And there are in the aggregate many cases in which the progress of general disease could be far more intelligently followed by its routine use, without entering upon debatable ground or attempting to use symptoms of doubtful significance.

With the ophthalmoscope, as with other instruments, the cheap instrument is very apt to lack certain important features, and the costly instrument is mainly confined to the possession of those who mean to use it a good deal. It took many years to adapt the microscope to the needs of clinical work, to rid it of mechanical stages and other mechanical nuisances, and perfect its really essential parts. And the ophthalmoscope must pass through a similar pruning and adaptation before its use can be truly popular and common in the profession. For some years I have been working at this problem, and herewith present my results.

The opthalmoscope for general use must: First, be one in which the difficulties of using the instrument are as far as possible overcome. Second, it must be one that will be as satisfactory as any of the best instruments for any case that is likely to be encountered. Third, it must be cheap. For this one I have no hesitation in claiming that with it the fundus of the eye can be seen as readily as with any opthalmoscope heretofore made; for all practical purposes as a refraction ophthalmoscope, its lens series is complete; it can be bought for eight dollars. It is easy to see through, because the mirror, which is circular, 30 mm. in diameter, tilts each way to the best angle, at about 25 or 30 degrees; it has a shorter canal, and wider lenses than have most first-class refraction ophthalmoscopes; each lens is retained in exact position by a spring stop; and all the lenses or combination of lenses are available without taking the instrument from the eye.

The lens series is furnished by combinations of six lenses in two slides, and consists of convex 1, 2, 3, 4, 6, and 12 dioptres; concave 1, 2, 4, 6, 10, and 22 dioptres. To appreciate this series one must bear in mind the degrees of ametropia that are commonly encountered in practice. Among 4000 eyes, the statistics of which I have published in the *Transactions of the American Ophthalmological Society* for 1889, only one eye had hyperopia of 13 dioptres, and only one eye had myopia of 23 dioptres.

The series does not contain half-dioptres, which are given in all the larger refraction ophthalmoscopes; but a very prominent ophthalmologist has recently said that he had the half-dioptre lenses taken out of his large instrument (Noyes's modification of Loring's) as comparatively worthless. Under especially favorable conditions there are a few ophthalmoscopists who have constant and extensive practice with the instrument who can, I believe, measure refraction with a little more exactness with half-dioptre lenses than they could with only whole-dioptre intervals. But the ophthalmoscopists that can do this are comparatively few, the cases in which they can do it are few, and the practical value of doing it is utterly

*Read before the Philadelphia County Medical Society, September 9, 1891.

insignificant. For those who are not in special practice half-dioptre intervals are always a delusion and snare, a hinderance, a cause of inaccuracy. They are, therefore, discarded.

Although the statistics above referred to show that in but one eye in 40 of those encountered in practice is the degree of ametropia over 6 dioptres, to one not very familiar with the properties of lenses the intervals between the stronger lenses of this series may seem too great. Such must be reminded that the effect of every intermediate lens strength may be obtained by slightly varying the distance of the lens and instrument from the patient's eye.

Thus the convex 6-dioptre lens acts as such only when placed against the eye; by drawing it back less than three inches it is made to act as a 12-dioptre lens, and within that space will correct any intermediate amount of hyperopia. By withdrawing the 12-dioptre convex lens a little over one inch it takes the place of a 20-dioptre lens. On the other hand, by withdrawing the concave 22-dioptre lens a little over two inches its effect is dimimished to 10-dioptres, and in that space every intermediate strength is reproduced. In the same way the withdrawal of the 10-dioptre concave lens to the same distance gives us the 6-dioptre effect.

When this is remembered it is readily seen that any measurement of refraction by strong lenses is utterly untrustworthy unless the distance of the lens from the eye is taken into account; and if it is taken into account, any additional intermediate lenses are quite unnecessary. The above series is sufficient for the direct method in all cases except the very highest myopia, for which the expert ophthalmoscopist is apt to resort to the indirect method as more satisfactory.

To one accustomed to using a disc ophthalmoscope the arrangement of lenses as here in slides will at first seem awkward and confusing, but to one who begins with this instrument, or who has already used an instrument in which the lenses are so placed, it is especially convenient. The convex lenses are all in the back slide, the concaves in the front. One can be used alone, or both slides can be moved at once by the tip of the same forefinger, according to the lens required.

In the focus of the mirror, the size of the sight hole, the blacking of it, the proportioning of the instrument, and its mechanical execution, it is to equal the best ophthalmoscopes now used. It is made by Mr. D. V. Brown, of Philadelphia.

Since this is not my first attempt at the modification of the ophthalmoscope, and another instrument has my name associated with it, perhaps it will prevent confusion if I exercise the right of naming this. And with the idea of giving it a name that shall by a single word indicate the idea of its design for general use, I shall call it the Polyclinic Ophthalmoscope.

It is announced that at the next meeting of the Tuberculosis Congress, which will probably take place in 1893, a prize of 3,000 francs (£120) will be awarded to the author of the best essay on "Latent Tuberculosis."

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

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BALTIMORE, OCTOBER 3, 1891.

Editorial.

MASSAGE IN CHRONIC ULCERS.

Any one who suggests a method of treatment which will lead to the cure of chronic indolent ulcers of the lower limbs occurring in patients who refuse both the older method of relief, amputation, and the modern remedy, skin-grafting, will earn the thanks of the profession. The *Medical and Surgical Reporter* culls from a paper by Dr. Maylard (*Glasgow Med. Jour.*), an account of the uses of massage in such cases, based upon experience in the wards of the Victoria Infirmary.

As the unhealthy ulceration of the part is caused by some slight accident to tissues in which the circulation is sluggish and leads to further engorgement which prevents proper access of arterial blood to the granulating tissues and the free draining away of used up material from them, it is evident that for the proper cure of the patient four things are needed: first, relief of the engorgement of the veins, by removal of its cause; second, relief of the plugged condition of the lymph vessels; third, readmission of arterial blood to the part; fourth, the removal of deleterious influences from the surface of the ulcer.

The recumbent position, and elastic bandages when this position cannot be maintained, do much to relieve the venous engorgement, but more active treatment is necessary to secure the free flow of arterial blood into the part and the exit of effete material from it. This can best be done by *massaging* the limb—to wit, by rubbing, pinching and kneading the part in a scientific manner. The forcible stroking of the limb in an upward direction tends to drive out the venous blood and to favor the entrance of the arterial, to force out the contents of the lymphatic vessels, and to allow them to take up effete matters.

In order to massage the *floor of the ulcer* the operator should place a piece of

jaconet, large enough to allow one to hold it tight about the limb, with the non-glazed side against the ulcer, having first dipped it into a solution of bichloride of mercury, 1 to 2000. When the glazed side has dried, it should be rubbed with vaseline. This will enable the operator to massage the ulcer itself with the palm of the hand pressed against the jaconet. The cicatrix secured under this method of treatment is more vascular and less liable to break down than when it has been allowed to heal sluggishly. Moreover, it is a method of treatment which, after it has once been instituted, can be continued by the patient. Even after convalescence it is well to apply the massage occasionally. This is also a good way to prepare the ulcer for skin-grafts.

Dr. Maylard remarks in conclusion that with this method, improvement shows itself at once and is most marked during the first week or two. The heaped up skin edges begin to disappear and a sloping healing blue line is observed. The floor of the ulcer soon shows healthy granulations. The surrounding skin becomes early whitened or mottled, indicating the complete emptying of the congested venules. Later, the skin around the sore becomes more pliable and can be pinched up and freely moved on the underlying tissues.

THE POISON OF "TOAD-FROGS."

One can hardly believe that the common toad which hops about our roads and lawns is in any way poisonous. Yet there is a popular tradition which is carefully taught to children by their elder playmates that toads must not be handled, as the person who touches them will get warts. In some recent correspondence of the *Lancet* statements are made which show that this popular tradition (like other popular traditions) is founded on fact. Dr. Lauder Brunton says: "Animal poisons are at present acquiring a new interest from the relationship which is now found to exist between them and the poisons formed by diseased germs. In snakes the poison is secreted by a modified salivary gland, and the same is the case in a kind of lizard, the Heloderma suspectum. In the case of the toad and salamander, poisons appear to be formed in the skin. They have been obtained for examination by scraping the skin with a teaspoon. The secretion from the toad is thick, yellow and sticky. It is said by some to be alkaline, by others to be acid. It retains its poisonous action, when dried, for at least a year, and probably much longer. The active principle called phrynin or bufidin is probably of an alkaloidal nature. Very large doses are required to produce death by internal administration. Enormous quantities are tolerated by rabbits, and dogs require two or three times as much by the mouth as by subcutaneous injection. Locally applied, it causes anæmia of the tissues and ulceration or gangrene at the point of injection, produces vomiting, uncertain gait, convulsions, paralysis of voluntary muscles, and is said by Fornara to act like digitaline, but its effects appear rather to resemble those produced by erythrophlœum. Fornara's paper is to be found in the *Journ. des Therap.*, 23, p. 882, and is abstracted by Husemann in Virchow's "*Jahresbericht*," 1887, vol. I, p. 441. The poison of the Triton cristatus has also

a local irritant action, and slows the heart and arrests it in diastole. The poison destroys the blood corpuscles, but death occurs without convulsions. The poison of the salamander maculata also causes local irritation, irregular action of the heart, marked trembling, and epileptiform convulsions, with death by paralysis. A good account of these poisons, with reference to the literature of the subject, is to be found in Lewin's *Lehrbuch der Toxicologie*, 1885, pp. 413-415; and a short but convenient account is also to be found in Kobert's *Compendium der Praktischen Toxicologie*, 1887, p. 157. It is to be noted that toads are not at all equally poisonous, the Italian toad being much more poisonous than the French one."

These statements are confirmed in the same issue by Dr. Guthrie, who writes as follows: "Toad's poison is secreted by the parotid glands, and by the numerous warty follicles which stud the back and sides. It is a thick milky fluid, resembling in taste and appearance the juice of dandelion stalks. It is soluble in alcohol, reddens turmeric, and solidifies on exposure to air. Gratiolet and Cloez inoculated linnets and finches with this fluid, and found that they died in about six minutes. They opened their beaks, staggered, lost the power of coördination, closed their eyes, and fell dead. Dogs and goats died in less than an hour after subcutaneous injection of small quantities of the fluid, rendered alkaline by potash. Vulpian found that dogs and guinea-pigs died in from half to one hour and a half after similar treatment, the symptoms being excitement followed by depression, vomiting, intoxication (in the dog), convulsions (in the guinea-pig), and death. It is said to be a powerful arrester of the heart. Dr. Davy (Phil. Trans., 1826) compares its action to that of aconite. It is poisonous to frogs, and also probably to frog-eating snakes. I once kept a small toad in the cage of some common lizards (zootoca vivipara). Relations were amicable until I disturbed them by making a lizard bite the toad. The lizard immediately rushed wildly round the cage, burrowing its head in the sand, became convulsed, and died in less than two minutes. Dogs will seldom attack a toad twice, and are sometimes killed by a first encounter. Instantaneous and most profuse salivation, violent vomiting and collapse followed the introduction of my own dog to a toad. The secretion has a powerful local action on the skin. After carrying a toad in my hand for some distance I experienced a most disagreeable sensation of numbness and tingling in the fingers and palms, which became slightly swollen, stiff, and extremely dry. The symptoms lasted for several hours. I have been told that German violinists, when suffering from moist hands, are accustomed so check the perspiration by handling live toads. Readers of Mark Twain will remember that Tom Sawyer attributed the warts on his hands to his habit of playing with toads. The popular notion that toads spit venom is due to their trick of expelling clear water from the fundament when annoyed."

Perhaps the day will come when the garden toads which at present are valuable only as insect destroyers, will suggest to scientific workers, through study of the physiological virtues of their poisonous secretions, some valuable synthetic remedy for the treatment of disease.

THE CHILDREN'S FRESH AIR SOCIETY.

Among the many evidences which support the claim of the religion of Jesus that it is the true and final religion of mankind, none appeals more powerfully to the human heart and judgment than its attitude toward the weaker and more helpless members of the race. The needs of the sick had always in the world's history called forth efforts at healing, and even hospitals were not unknown in some countries. But the parable of the Good Samaritan, the commandment to love one's neighbor as one's self, and, above all, the gentle self-denying life of sympathy and helpfulness of the Carpenter of Nazareth, waked the whole civilized world to a new appreciation of the rights of the feeble and afflicted, and the duties of the strong and healthy toward them. Even in the darkest ages of mediæval history this impulse never quite lost its force, and since its revival one enterprise of benevolence has scarcely gotten under way before a new one has appealed for attention.

The movement now before us owes its origin, first, to a sense of the need of the boys and girls, in the crowded streets and alleys of this great city, for a taste of country life and a breath of fresh country air during the hot months; and, second, to an appreciation of the fact that the charities of the present day are a heavy burden on the shoulders of the benevolent. It was believed that many kindhearted country families could be found who would consider it not only a possibility, but a privilege, to take such children *gratis* into their homes for a week or two each summer. The result has confirmed this belief. Twenty-six homes were offered this summer in the healthiest parts of Maryland, and fifty-three children (19 boys and 34 girls), have had a summer vacation. The railroads gave free transportation; and the total expense of the society for the summer was $34. Only two of the boys were reported troublesome, and many of the country hosts said they were greatly attached to the children. Before going to the country each child was examined by a physician to see that it had no contagious disease. Only children old enough to take care of themselves were sent. We suppose that the number sent was only limited by the number of homes offered. If any of our readers take interest in this matter, and will give the address of such homes next summer, this JOURNAL will be glad to forward them to the officers of the Society.

Medical Progress.

INFECTION OF WOUNDS.

In the discussion of this subject at the meeting of the Congress of Physicians and Surgeons, Dr. Rowell Park gave the following directions for preventing contact infection. For sterilizing the skin, where time would allow of elaborate preparation, he advocated shaving; the application for a day or two of some antiseptic ointment; again washing, using the sapo viride of the German Pharmacopœia with five per cent. of lysol or of hydro-naphthol; next the use of compresses, moistened with some liquid, non-irritating antiseptic, like a creolin, or hydro-naphthol, and finally, another shaving and scrubbing with hydro-naphthol soap,

and a last washing with equal parts of alcohol and ether. The instruments are best prepared by subjecting them, in a dry sterilizer, for half an hour to a temperature of 140° to 150° C. Sponges may be rendered aseptic by the methods now in vogue, but it is better in most instances to discard them for some other cheap absorbent material, which can be used once and thrown away. Silk sutures should be wound on glass spools, and placed in a glass tube, and then kept for an hour in a steam sterilizer upon two different occasions. Raw catgut should be deprived of its fatty material by immersion in benzine or ether, after which it is dried and then soaked for two days in a one per cent. watery solution of corrosive sublimate; it is next dried and transferred, first to the oil of juniper berries, and then to a one in one thousand solution of sublimate in alcohol. If it be desirable to chromicize it, this may be done before it is placed in the juniper oil. The method prescribed for cleansing the hands and arms is quite elaborate, nevertheless it is so effective that there need be no fear of contaminating a wound, even though the operator has just come from demonstrating on the cadaver. They should be first washed with a nail-brush, soap, and water, then with a tablespoonful of mustard-flour, which is both a deodorizer and an antiseptic, next a thorough rubbing with the sapo viride containing five per cent. of lysol, creolin, or hydronaphthol, after which they should be rinsed and immersed in a strongly colored solution of permanganate of potassium. After another rinsing the skin is decolorized with a solution of oxalic acid, and the toilet completed by a final rinsing in water. Regarding drainage, it may be said that it is now considered unnecessary, and a confession of fear, except in infected cases. Any sterilized absorbent material will answer for a dressing, and with the exception of cases in which the dressings are to be saturated with wound discharges, they need not be charged with an antiseptic.

The following are some of Dr. Park's conclusions:

The surgery of the future must aim to be aseptic, for, so far as fresh cases are concerned, we have passed the merely antiseptic era.

Asepsis is to be achieved not only by attention to the wound and the paraphernalia of operation, but by the closest regard to the condition of the patient's organs and tissues.

Sepsis and infection are combatted in various ways by the inherent properties of cells and fluids, and the wisest man is he who studies to take advantage of these vital activities, rather than introduce new and conflicting elements from without.

Entero-sepsis, or stercoral intoxication, is a condition which every practitioner should fear, and against which he should assiduously guard. When perfect asepsis has been secured, the use of drains or the further employment of antiseptics is an expression of mental uncertainty or of fear.

ASTHMA.

Brubaker is said to recommend the following:

℞.—Liquor potassii arsenitis . . gtt. ij.
Potassii iodidi . . . gr. x.
Syrupi tolu,
Aquæ . . . aa ʒss. M.

This dose three times a day. *Bost. Med. and Surg. Jour.*

INSANITY FOLLOWING GYNÆCOLOGICAL OPERATIONS.

A paper was read before the American Gynecological Society on this subject, by Dr. J. M. Baldy, of Philadelphia. He had, by correspondence with physicians

in the institutions for the insane in Pennsylvania, elicited the information that in eight (those making reply) there had been only fifteen cases of insanity in which laparotomy had been performed. In eleven of them there had been pre-existing insanity. Yet insanity following gynæcological operations was more frequent than the figures would indicate. Many of the cases were mild and did not reach asylums; some of the more severe terminated quickly, as one of his cases, in which death took place about four days after the operation. He had had one other which recovered. His conclusions were: 1. That cases of serious mental derangement might occur after operation in a person without a family history of insanity. 2. That mental disorders were no more likely to follow operations on the sexual organs than on other parts of the body. 3. That the accident was as frequent in men as in women. 4. That operations acted as a determining cause to mental derangement where there was a previous tendency. 5. Emotional disturbance is greater at the time of surgical procedure; if predisposition to emotional disturbance, surgeons should not operate unless the necessity were urgent. 6. Mental derangement following operative procedures is more frequent than is generally supposed.

THE CLIMATE OF THE GREATER PIEDMONT AND THE MOUNTAINOUS REGIONS OF THE SOUTH.

Dr. W. C. Van Bibber, of this city, read a paper before the American Climatological Society on this subject in which he advocated the climate and other natural advantages of the mountainous regions of West Virginia, North and South Carolina, Eastern Tennessee, Kentucky, and Northern Georgia, as affording a place of residence giving not only immunity from many diseases, but by reason of the influence upon race of physical environment, promoting the development of a high type of manhood, physically and intellectually. The races of this section, embracing about seventy five thousand square miles, had reflected with high honor the effect of environment in forming certain mental and physical characteristics among the people, as witness the records of our nation's history. Originally the home of the Cherokee and Choctaw Indians, grain feeders, and acknowledged superior in intelligence to other tribes living in the basins and toward the coast on either side, this was subsequently the section which gave to our country such men as Thomas Jefferson, Abraham Lincoln, Jefferson Davis, Andrew Johnson, and others of like stamp. This Piedmont region furnished more men to the Union army during the late war (140,000), than did many of the Northern States. It is accessible, attractive in its resources both mineral and agricultural, picturesque in its beauty, and has an advantage over other sections of the South in the fact that the race question can never be an issue, since the climate and air are inimical to the development of the negro. As to its healthfulness, the bacillus of Koch is unknown in a certain region of Western North Carolina and Eastern Tennesee, nor have any of the bacilli of malaria been found in the same section. He did not think the Piedmont climate of so much value in curing established disease of the lungs, but as a means of prophylaxis it had no rival.

THERAPEUTICS OF HUCKLEBERRY.

Dr. Winternitz (*Blätter für Klinisch Therapie*), recommends a decoction of huckleberries (saccinium myrtillus), in the different forms of diarrhœa. He covers the dried berries with cold water and cooks them for two hours, stirring them up quite frequently. After the mass is syrup-like, he separates it from the remaining berries and presses the juice from them out. He then cools the juice, after which it is ready for use. One to two teacupsful of this juice per diem is the dose.

Winternitz claims that this preparation will act beneficially in the most pernicious cases of diarrhœa.

He uses this decoction in gonorrhœa as an injection, and claims to be very successful with such treatment.

HÆMORRHAGES IN THE NEW-BORN.

Townsend (*Boston Med. and Surg. Journal*), says by way of summary:

Hæmorrhage in the new-born is in nearly all cases an acute transitory affection beginning within the first week or ten days of life and lasting from one to six days.

2. The etiology of this form is perhaps best explained by the infectious theory.

3. In very exceptional cases the disease is due to true hæmophilia as it is seen in older children and in adults. In a small number of cases it is one of the symptoms of syphilis or of septicæmia.

4. The mortality from all forms is about 75 per cent.

5. Treatment should be guided by the knowledge of the transitory and perhaps infectious character of the affection as it is seen in the majority of cases.

BENZOATE OF MERCURY IN SYPHILIS.

M. Cochery, in his inaugural thesis, recommends the use of this preparation of mercury as very efficacious and as being without any inconvenience. It was employed for the first time in Russia by Stoukowenkoff in 1888, and in France by Balzer and Thirloix. It is used as an injection made with chloride of sodium, cocaine and distilled water, and must be freshly prepared, as a crystalline deposit is soon formed. No gastric or intestinal pains are produced, the salt is rapidly absorbed and eliminated, and the only drawback to its use seems to be that it corrodes the needles easily, and that these when in this condition give rise to sharp pain.—*Lancet*, Aug. 29.

TREATMENT OF BURNS.

Rottenburg (*Therapeutische Monatscheft*) employs the following treatment. Blisters are not opened, but are pierced with a silk thread, soaked in sublimate solution and left in place. The whole burned area is then spread with a ten per cent. iodoform-vaseline, and is covered with gummed paper or silk; the salve should be renewed daily. By this plan, pain is relieved at once, and cicatricial contraction is rare.—*Univ. Med. Mag.*

MEDICAL SELF-HELP.

The report of the annual meeting of the Medical Sickness Society presents this year features not less satisfactory than in any former year. The Society prospers in an unprecedented degree. Its working expenses are lower than those of any similar society known. Its field of usefulness is continually widening. The membership now exceeds one thousand, and the working expenses are under 4 per cent. of the premium income. The reserve fund is over £40,000, and there is a considerable accumulation on the profit side standing to the credit of the members in the books of the Society. The present week's list of claimants on the fund affords, we understand, singular evidence of the large liability of medical men to accidents. The policies of this Society cover all forms of accidents as well as sickness. Among the members at present receiving their full allowance are two gentlemen suffering from Pott's fracture due to trap accidents, one from injury to the back, one from broken leg, one from broken arm, and one from knee-sprain and synovitis.—*Brit. Med. Journal*, Aug. 29.

IODINE WATER AND ARISTOL AS SURGICAL ANTISEPTICS.

Popoff speaks highly of the antiseptic effects of irrigations with iodine water (1 to 10,000), and consecutive powdering with aristol (pure or in the form of a twenty per cent. mixture with boracic acid) in cases of tuberculosis of joints (fungating arthritis, etc.) and bones, callous syphilitic ulcers, simple chronic ulcers, angina Ludovici, phlegmon, furunculosis, wounds of every description, etc. The iodine lotion also gives excellent results in inveterate ozæna. In addition to its powerful antiseptic properties it has a decided astringent and hæmostatic action. Under its use luxuriant and profusely bleeding granulations rapidly assume a normal appearance, cease to bleed, etc. The iodine water likewise speedily checks parenchymatous hæmorrhage from any recent wounds.—*Boston Med. and Surg. Jour.*

SUBSTITUTES FOR IODOFORM.

Substitutes for iodoform which have, or are thought to have, all its valuable antiseptic and deodorising properties without its penetrating odor, have for some time been in use in the form of iodol, sozoiodol, and aristol, and it is by no means surprising to learn from a German pharmaceutical journal that an addition to this little group has just been prepared. The chemical name of the new substance is "iso-butyl-ortho-cresol-iodide," and its commercial name "europhen." It occurs as a yellow amorphous powder, with a slight odor resembling saffron. It is insoluble in water and glycerine, but it dissolves in oil, alcohol, ether, and chloroform more readily than aristol. It has a somewhat resinous feel, and adheres to the skin or mucous membrane and to the surface of wounds quite as well as aristol, and better than iodoform. It is one of the lightest of the substances forming the group referred to, having two-thirds of the specific gravity of sozoiodol, half that of iodol, and less than a fifth of that of iodoform, so that a given surface would require five times as much iodoform as europhen to cover it. The latter has also the additional advantage of not caking so easily as the former. Ointments and solutions of europhen must be prepared in the cold, and solutions require filtration, as an insoluble iodine compound tends to form, which sometimes causes them to assume a gelatinous consistency. Europhen is not poisonous. Half a drachm or more can be given to a dog with impunity. In the human subject fifteen grains produce no disagreeable symptoms except perhaps a slight feeling of weight in the stomach. Dr. Eichhoff has prescribed it with great advantage in several venereal and syphilitic cases, obtaining very satisfactory results in both soft and hard chancres, in mucous patches, and in tertiary ulceration, by means of 1 or 2 per cent. ointment. Hypodermic injections of from one to two grains of europhen dissolved in oil, repeated daily for from twenty-four to forty days, completely cured three cases of secondary syphilis without any other medicament. Attempts to cure gonorrhœa by injections of an emulsion of europhen of the strength of from 1 in 500 to 1 in 75 proved a complete failure owing to the painful irritation set up. Excellent results were obtained by the application of europhen to simple ulcers, either in the form of powder or in that of ointment, but these proved useless in parasitic eczema, psoriasis and favus. In general, it was found that europhen acts only when brought in contact with secreting surfaces, whereby it is decomposed and iodine liberated. When it is applied to dry surfaces it appears to be inert, except, indeed, that, if in an ointment of greater strength than 2 per cent., it acts as an irritant and sets up eczema. Various preparations are manufactured for surgical and gynæcological purposes—e. g., 5 and 10 per cent. gauze and vaginal suppositories. As

exposure to light decomposes europhen as it does aristol, it is important that these substances should be kept in dark glass bottles. Bacteriological experiments have been carried out by Dr. Siebel, who finds that europhen has destructive power for micro-organisms quite equal to that of iodoform.—*Lancet*, August 29, 1891.

HYDRARGYRUM FORMAMIDATUM IN SYPHILIS.

In a paper read before the American Dermatological Society Dr. R. B. Morison, of this city, called attention to the use of this drug by hypodermic injection. This remedy was introduced by Lieberich some years ago and recommended in one per cent. neutral solution, as being free from the dangers of abscess formation. Good results are to be noticed after the fifth or sixth injection. The reader illustrated his paper with numerous clinical cases, in which he employed the remedy with good results. One injection is given every second day, of from twenty to thirty minims or more of the solution. The method is regarded as a valuable addition to our means of treating syphilis, and in over a thousand injections abscess was not noted, though some pain is produced.

TREATMENT OF INFLUENZA WITH CAMPHOR.

During the recent epidemic, when I had on an average about 150 cases a week under my care, I had ample opportunity of testing the efficacy of various methods of treatment. My first idea was to try to alleviate the most prominent symptoms—namely, backache and general pains, with sod. salicyl. Headache, etc., with antipyrin, combining either of the above with a sedative or stimulating expectorant if the chest was affected. I also used ergot and digitalis in combination in a few cases, taking the disease to be simply due to a vasomotor change, but I afterwards came to regard it as a zymotic disease, with probably a special bacillus of its own, and amongst other drugs I tried camphor, and with so much success that I rarely prescribed anything else afterwards, six doses or less usually being sufficient. I administered it as follows: ℞. Sp. camph. ʒ ij; tinct. lavand. co. ʒ ij; sp. chlorof. ʒ j; mucilag. tragacanth. ʒ ij; aq. ad ℥ vj; 4tis horis sumend. This cost very little, and by leaving out the flavouring agents the effect is the same and the cost nominal.—F. W. Devereux Long, in *Brit. Med. Jour.*

A CHEAP DISINFECTANT.

At this season of the year, and during the summer and autumnal months, disinfectants should be kept ready at hand for needed use, but not in any measure to take the place of cleanliness. The nitrate of lead is the cheapest disinfectant known that fulfils its intent. It does not, however, prevent putrefaction. The chloride of lead is much more effective in all directions. It is made by dissolving a small teaspoonful of nitrate of lead in a pint of boiling water; then dissolve two full teaspoonfuls of common salt in eight quarts of water. When both are thoroughly dissolved, pour the two mixtures together, and when the sediment has settled you have two gallons of clear fluid, which is the saturated solution of the chloride of lead. A pound of nitrate will make several barrels of the liquid. The nitrate of lead costs from eighteen to twenty-five cents a pound at retail.—*Monthly Bulletin*, June, 1891.

BEER DRINKING AND HEART DISEASE.

It is said (*Blätter f. Klin. Hydrotherapie*, 1891, No. 4) that disease of the heart is very prevalent in Munich, where the consumption of beer amounts, on the average, to 565 litres per head annually; and in the same place the duration of life among the brewing trade is shorter than that of the general population. Whereas the average age attained among the latter is 53.5 years, that of ale-

house keepers is 51·35 years, and of brewers 42·33 years. The same note adds that for the whole of Germany the annual consumption of beer per head amounts to 88 litres, but for Bavaria it is 209 litres.—*Lancet.*

VINEGAR IN CROUP.

Dr. S. J. Bumstead regards vinegar as a very valuable therapeutic resource in catarrhal and membranous croup. He uses it in the form of vapor, pouring the liquid into a bread-pan and then putting into it bricks or flat-irons heated in the stove. In this way the room soon becomes filled with a cloud of acetic vapor. He also employs internal medication, but looks upon the vinegar inhalations as of first importance in the management of the disease.—*North American Practitioner*, May, 1891.

PERSULPHATE OF IRON IN DYSENTERY.

Dr. W. Stuart Leech, of Morristown, Tenn., writes to the *Med. Rec.*: "Two cases of dysentery of great severity recently came under my observation. Both cases were almost identical in onset and recovery, and followed one after the other with the usual dysenteric symptoms. The evacutions consisted of pus, blood, and real blood-clots, and their frequency had reached in one case to thirty-five, and in the other to forty-two, during the twenty-four hours. The small, quick and feeble pulse, and anxious expression of the face, with the great amount of blood discharged, indicated a fatal termination. Double doses of opium and astringents were given, with little or no effect. Following a suggestion of my friend, Dr. Millingan, I injected in the rectum, with an ordinary rectal syringe, a solution of ferri persulphas. Its action was like magic, the bloody stools and other symptoms at once disappearing. Only one injection was given in each case, and on the third day from that time both cases were dismissed. I wish some of your readers would tell me if this treatment is novel or not. I can find no objections to its use.

REMOVAL OF THE APEX OF THE LUNG FOR TUBERCULOSIS.

(*Gazette hebd. de Sci. Méd.*). In a case of early tuberculous disease of the apex of the right lung, Dr. Tuffier has successfully resorted to operative measures. The means adopted, based upon experiments made upon a dog, consisted in a simple incision through the second intercostal space anteriorly. Afterward the parietal pleura was divided, which induced a kind of sub-pleural pneumothorax; the apex of the lung became reduced in bulk sufficiently to be easily drawn through the wound; it was then cut away by the écraseur, and the stump sutured to the intercostal incision to prevent retraction of the lung. Dr. Tuffier exhibited the patient, who had progressed very favorably after the operation.—*Provincial Medical Journal*, July 1, 1891.

Obituary.

DEATH OF PROFESSOR EDMUND R. WALKER, M. D.

It is with feelings of intense sorrow that we are called upon to announce the death of Prof. E. R. Walker, which occurred on the evening of Sept. 30th under circumstances of extreme distress and suddenness.

The opening exercises of the Baltimore Medical College were in progress at the college building and there was assembled the largest class in the history of the institution. Prof. Walker was seated with his colleagues of the Faculty listening to the introductory address by Prof. R. H. P. Ellis, when he was suddenly seized

with an alarming illness. He left the hall and fell in the passageway, stricken with paralysis. He expired within two hours from date of attack amidst the grief of his heart-broken wife and surrounded by his colleagues of the Faculty. Not fifteen minutes before the attack the writer was engaged in conversation with Prof. Walker and was struck with his cheerfulness of manner and hopefulness of spirit as he looked forward to his work in the college during the ensuing session.

In the midst of a work which had aroused his pride and highest interest there has passed away a man of elevated character, of a spotless life, one of nature's noblemen, a scholar, a humble christian and a sympathetic and steadfast friend.

The time has not come for a correct estimate of Professor Walker's character and attainments. His great simplicity, his innate refinement and modesty obscured to a great extent the full measure of his strength and ability as a professional worker. To a small and inner circle of friends, who had free access to his thoughts, methods of work, and life, he was the embodiment of honor, courage, intellectual culture and moral strength of the highest order.

As a surgeon he was painstaking, thorough, conservative and thoroughly conscientious. His surgical work, though not extensively known, owing to the modesty of the man and his apparent distaste for writing and public speaking, was as successful and creditable as that of any other surgeon in this city. Professor Walker was born in Beaufort, S. C., in 1837. He was educated at the University of Virginia, and at Bellevue Hospital Medical College. During the Civil War he was a surgeon in the C. S. Army. He came to this city at the close of the war, and during his residence here has become known to and beloved by many of our citizens. He has filled the chair of Surgery in the Baltimore Medical College with eminent satisfaction to its Faculty and students. His death is a loss, which all of his friends most keenly feel.

Medical Items.

At the Woman's Medical College the opening address was made on Thursday afternoon by Prof. E. F. Cordell.

The ninth annual meeting of the American Rhinological Association will be held in Indianapolis, Ind., October 6th, 7th and 8th.

A French writer observes that the prophylaxis of tuberculosis may be summed up in five words: "Keep water in the spittoon."

The indications are that more medical students will assemble in Baltimore during the present winter than have ever been present during any previous year.

Prof. R. Dorsey Coale delivered the opening address to the class of the University of Maryland on Thursday morning. The class of this school is, we learn, unusually large.

At the Baltimore Medical College the introductory lecture was delivered by Prof. R. H. P. Ellis, on Wednesday evening. There were 167 matriculates on that day.

The Introductory lecture was delivered at the College of Physicians and Surgeons, on Wednesday evening, the 30th of September, by Prof. T. F. Latimer.

Over 300 students were in attendance. The class promises to be the largest in the history of the college.

At the Baltimore University School of Medicine, the opening exercises were inaugurated on Wednesday by addresses from several members of the Faculty. The school reopens with a class of 150 students.

The Medical Examining Board of Virginia will meet in Lynchburg on October 6th, 1891. Applicants for certificates to practise medicine in Virginia are requested to be prompt in their attendance. They will have to report to Dr. Paulus A. Irvine, the secretary of the board.

Over 400 addresses, papers and discussions were announced on the official programme of the Medical Congress of American Physicians and Surgeons. The attendance upon the Congress was large; besides the Americans there were nine invited guests from England, four from Scotland, three each from Germany and France, and several from other nationalities.

Cremation is coming more and more into favor in Germany. In addition to the crematorium which has been in operation at Gotha since 1877, and where from five to six hundred bodies are now burnt every year, and another which was recently established at Hamburg, a new one was consecrated at Ohlsdorf on August 22nd. Another will be opened at Carlsruhe in October.

The American Dermatological Association elected the following officers for the ensuing year: President, Dr. Bronson, of New York; Vice President, Dr. Shepherd, of Montreal; Secretary and Treasurer, Dr. Jackson, of New York. Drs. Elliot and Heitzman were elected members of the Association. The location for the next meeting was voted to be at Casco Bay, Me., and the date set for the Tuesday nearest the 10th day of September, 1892.

Dr. N. G. Keirle, who numbers a host of friends in the profession in this city, has been elected to the chair of Pathology and Histology in the College of Physicians and Surgeons, of this city. A better selection could not have been made by the college for this position, for Dr. Keirle is not only eminently qualified to fill the chair with credit to the school, but will arouse among the students that enthusiasm which has marked his work in this line of study.

The treatment of a case of lupus by tuberculin, which has been carried out continuously by the surgeons of the Marine Hospital Service since February 11th, has at last been abandoned. The medical officer in command at Cincinnati, under date of August 20th, reported that the destruction of tissue by advancing ulceration and sloughing was more marked in the last fortnight of treatment than at any time during the entire period of the existence of the disease, in view of which it was deemed advisable to abandon the use of tuberculin.

The death of Dr. Thomas T. Pratt, the son-in-law of the late Dr. Marion Sims, occurred in London on August 29th. He served with Dr. Sims on the American Ambulance in the Franco-Prussian war, becoming surgeon-in-chief after the resignation of Dr. Sims and Sir William MacCormac. Dr. Pratt was born in Mobile in 1839, and was an alumnus of the Medical Department of the University of the City of New York, of the class of 1861. He served in the Confederate army until near the close of the war, when he went to Paris. His later years had been spent in London, and at the time of his death he was an inmate of the University College Hospital.—*N. Y. Med. Jour.*

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 24. BALTIMORE, OCTOBER 10, 1891. NO. 550

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CLINICAL LECTURE. EXOPHTHALMIC GOITRE; ANTIPYRETICS IN TYPHOID FEVER; EPILEPSY.*

BY EUGENE F. CORDELL, M. D.,

Professor of Principles and Practice in the Woman's Medical College of Baltimore and Attending Physician to the Good Samaritan Hospital.

Exophthalmic Goitre.—The patient before you, E. H., mulatto, æt. 38, is married and the mother of eight children, six of whom are living and two died in early infancy of cholera infantum. She has not been able to nurse any of her children. Her youngest child is two years old, and she has been regular since two months after its birth. Her occupation is laundry work. She had "malarial fever," five or six years ago and has not felt right since, but she has had no other previous sickness except her confinements. She dates her present ailment two years back. At that time and whilst she was pregnant she received a severe mental shock, to which she attributes it. This was due to the unexpected arrival of her husband's dead body. He had left her but a week before to go to the Springs. He had fallen sick there and died after a brief illness. After this event she began for the first time to notice that her heart was beating violently, and she has been subject to palpitation ever since. She also suffered from headache, fainty feeling and pain in the small of her back. Shortly after her heart began to beat, she noticed a swelling in the lower part of her neck; this increased

*Delivered October 28th, 1890.

rapidly for one month, since which it has been nearly stationary. Soon after the appearance of the swelling her eyes began to become prominent. For about a year she has been troubled with shortness of breath. The beating of her heart is worse when she works hard or goes up stairs; and then she gets "awful sick, sick all over," and has to sit down. The swelling in her neck which, as you see, occupies the site of the thyroid gland, is not always uniform, but varies at times. Her sight is good, but she complains of great watering of the eyes, and of sunlight causing them to pain her. She says they feel all the time as though she had just awakened from sleep. She also has sharp pains in the right eye at times. She is very nervous and easily excited and scared. She notices that she is a good deal more irritable than she used to be, and any noise made by her children disturbs her. She has suffered, especially of late, from an "awful" headache in the frontal region. She also has vertigo, her memory is bad and she sleeps but little. She has some cough and is much annoyed by profuse sweating. Her bowels are regular and she has had no dyspepsia, but her appetite is capricious. Her pulse is 120 and normal except as to frequency. Her temperature is 100½.

Such are the history and symptoms which we obtain from an examination of this patient. You have before you a very rare and curious form of neurosis, discovered about half a century ago and variously known as Graves' or Basedow's disease, after those who first fully described it, or exophthalmic goitre from the two most prominent symptoms. You observe at once the prominence of her eyes; the balls seem to protrude from their sockets and we see more of the white than is usual, which gives to her expression a stare. In some patients there is something actually ferocious about the look. This appearance, when bilateral, is so characteristic of exophthalmic goitre, that as soon as the patient entered the room, this diagnosis suggested itself to my mind. Instinctively I looked at her neck, and found it covered and concealed from view in a very unusual manner. On having her to remove this covering, a swelling presented itself, which you at once see is the thyroid gland moderately enlarged in its lobes and isthmus—in other words, throughout—yet most in the right lobe, which is the rule in these cases. The swelling is soft and pulsating, and presents to the feel a well-marked thrill or jarring sensation. The pulsation is also well-marked in the large vessels of the neck and at the site of the apex beat, below the left nipple. On applying my ear, I find the heart impulse to be occasionally intermittent. I hear no murmur at the apex, but at the base and under the clavicles, and in the neck a well-marked systolic bruit, and I also hear in the neck the venous hum so indicative of an altered and impoverished condition of the blood. The præcordial dulness is increased, extending from the middle of the sternum to the left nipple, whilst the apex beat is felt most distinctly in the sixth space and directly under the nipple, evidences that the heart is dilated. Taking a general survey of the patient's physiognomy, we see that she presents a pale, wan, woe-begone appearance, and the constant movements of her eyeballs and lids, and the tremulousness of her tongue and hand indicate her nervous instability. I note the absence in this case of Von Graefe's symptom, which when present is quite characteristic. It consists of a want of synchronism between the eyeballs and lids, and is brought out by asking the patient to look down; the upper lids will then remain elevated, leaving the white sclerotic exposed.

There are two other eye symptoms which are worth mentioning in this connection, although I do not find them in this case. One was first pointed out by Möbius and consists in the want of power to converge the eyes upon a near object,

owing to paresis of the internal rectus. The other is a spasm of the elevator of the upper lid, which is regarded by Abadie, an eminent French opthalmologist as pathognomonic. The patient denies ever having had hysteria, and I have been unable to elicit any history of heredity or of any other nervous troubles in her family. Her tissues are flabby and ill-nourished and her nutrition is evidently seriously interfered with.

This is a typical case of exophthalmic goitre, and it is fortunate for you that your first case should be so, for it may be many years before you see another. I do not recollect to have seen a case at our clinic before and my experience is limited, as far as I can calculate, to about a half dozen cases seen in private practice or in early hospital and dispensary practice. It appears to be not so uncommon in the practice of neurological specialists, if one may judge by a recent report in the *Lancet* by Dr. J. Russell Reynolds of 49 cases which he had had under his professional care in private practice in the last four years. Owing to its long duration and the frequently negative results of treatment, a patient is apt to wander from one dispensary, hospital or doctor to another, and another, so that one hears of the same patient in several places and infers that there were several patients.

Notice the patient's sex: the disease is almost confined to women, who are also most prone to the neuroses generally, owing to their susceptible nervous constitution. I have in my mind's eye, however, at this very moment, a prominent apothecary of this city who for some years has exhibited an extreme degree of excitability and irritability, questioning or discussion of his opinions putting him quickly into almost a rage; who has some enlargement of his thyroid gland, frequent action of the heart, an apex-bruit and occasional swelling of the feet. His eyes, whilst not quite bulging, show much of the white, and when he is excited have something of ferocity in them. This gentleman does not consider himself an invalid and attends to his business as usual, but he is nevertheless a sufferer from exophthalmic goitre.

An important element of the disease is the nervous temperament, which is well illustrated by the uneasy and constantly changing attitude of the patient and by her hysterical facies. I once had under my observation, and for several of the last months of her life under my professional care, a well-known lady of this city, and well-known not only because of her social position, but more for her peculiarities of manner and appearance. She had great bulging, glaring eyes and was very near sighted, her thyroid was unusually enlarged and she had terrible attacks of faintness, palpitation and dyspnœa. She was a terror to her friends and was always in hot water. She was a veritable walking newspaper; the gossip she did not know and carry around was not worth the knowing or imparting. She was an ardent churchwoman, much addicted to ritualism, but her pastor found her a most obstreperous and unmanageable member of his fold. She was excitable to a degree, and at the table of a large boarding house was frequently teased and tormented into a condition of almost frenzy, which would invariably terminate in her leaving the room and having one of her "attacks." She died ultimately, after a protracted illness of valvular disease of the heart and anasarca. I also remember a negro girl, aged 14, who was once under my care, whose pulse was habitually at 140.

You will also note in connection with the etiology of our case the age—the mid-period of life, her pregnant condition when it began and the terrible shock which ushered it in. Such an event was well calculated in an individual of marked nervous susceptibilities, with health broken down by previous illness, to produce some decided and permanent impression upon the nervous system. The

absence of apex murmur is a favorable omen, since it shows that the dilatation is probably due not to organic change or valvular defect, but to the same cause which produces the relaxation in other parts of the vascular system. We know, however, that if this relaxation continue, with inordinate activity of the circulation, it will most likely eventuate in serious if not fatal organic change. Hence, as you will presently see, it is a prime object of treatment to restore the tone of the vascular channels and lessen the strain put upon them by the unbridled activity of the accelerator nerves of the heart. This leads me to say that in consonance with our knowledge of the physiology of the sympathetic nerves and with observations made post-mortem—although the latter are not uniform—we may, for the present at least, accept the view generally held, which locates this affection in the sympathetic ganglia of the neck. From these centres arise the vaso-motor nerves, which regulate the calibre of the blood-vessels. A paralysis of these nerves would lead to relaxation and distension such as we find in the vessels at the bottom of the orbit, in the thyroid and neck. The act of blushing is an example of transient physiological vaso-motor paresis. It is not so easy to explain the increased rapidity of the heart, which would appear to be due to some irritation of its ganglia and accelerator nerves. Friedrich attributes it to the increased afflux of blood into the dilated coronary arteries.

The prognosis of these cases is by no means hopeless. Jonathan Hutchinson believes that there is a strong tendency towards recovery. In a considerable proportion of cases, estimated by some at one-half, marked improvement, and in a minority, perfect cure, may be secured by judicious treatment. These results are achieved only after long and careful treatment, hygienic and medicinal. Rest is absolutely essential. Cheadle advises that it should be absolute, but this is rarely attainable, especially in the class to which our patient belongs. We will, however, advise her to avoid excitement, worry, lifting, and sudden movement and stimulants; to live upon a generous diet, as milk, eggs, broths, fresh meats; to attend to the ventilation of her room; and to secure a due amount of life in the open air. We can help her to get more sleep, and finally we can give her medicinal agents for her general debility and for the special symptoms from which she suffers. The following pill comes about as near meeting the indications afforded by her anæmia and the excited and relaxed conditions of her heart and blood vessels as anything I know of:

℞.—Extr. Belladonnæ, ... gr. ¼.
Pulv. Digitalis, ... gr. ss.
Ferri Sulph. Exsicc., ... gr. j.

Sig. t. i. d. after meals.

To produce better sleep I shall order 30 grains of bromide of potassium at bedtime. Among other remedial measures resorted to in this affection, hydropathy was a favorite with the late Professor Trousseau, and galvanism has been found to be palliative and curative by a number of authorities in electro-therapeutics. In applying the latter, one pole—it seems immaterial which—is placed over the nape of the neck or in the furrow beneath the ear and the other over the epigastrium, and a current of from 8 to 10 cells used. It is necesary to continue this treatment for about 6 months to get good results, and it is evidently better adapted for private than public patients. Few of the latter persevere long enough to get the best results from any treatment, and it is quite likely that this woman will soon tire and get discouraged and leave us, to go elsewhere.

Antipyretics in Typhoid Fever.—A. E. L., female, pure negro, æt. 25, a cook by occupation, was admitted to the female colored ward Oct. 5. Her present

sickness began about the end of September, with chilly sensations and malaise, followed by fever, headache and later, tenderness over the abdomen with borborygmi. The tenderness was most marked in the right iliac fossa. She has had no diarrhœa, but has been quite costive. Her tongue has been coated and dry and she has been mildly delirious at times. I show you the chart of her temperature, from which you see that her fever was continuous, varying but slightly—a fraction of a degree from morning to evening—for many days, the highest temperature being 105° on the evening of Oct. 8th. The greatest frequency of the pulse was 120; it reached the normal on Oct. 18th.

I do not present this case because of any remarkable feature in its history, but in order to make it the basis for a few remarks upon antipyretic treatment; it is an instance of a mild typhoid fever without complications. There has been something of a revulsion of sentiment lately in regard to the importance of antipyretics in ordinary fever. Whilst all agree that in *hyperpyrexia* they are necessary or useful, there are some who say that this ceases to be the case with moderate temperatures, 103°-104°. The latter claim that these agents have no influence over the real disease and that they may be detrimental by their depressing effect. Now while it may be true that they have no direct controlling effect upon the disease itself, I believe they do promote cure and hasten convalescence. It is by no means immaterial whether a patient's temperature shall be 103°-105° for ten days or two weeks, or 100°-101°, for we know that bodily waste is directly proportionate to the elevation of temperature, and by lowering the latter we are lessening the emaciation, the asthenia and the visceral degeneration which are such unfavorable elements of prognosis. Experience and observation both prove the value of antipyretic treatment in fever. With the reduction of temperature, the frequency of the heart diminishes and that organ secures needed rest, delirium disappears and the intellect clears up, secretion is restored, the dry tongue becomes moist, headache is relieved, appetite returns, and refreshing sleep is secured. Surely these are advantages not to be rejected and any one who has once witnessed them will hardly consider them as trifling.

Practically at this time antipyretics are limited to, 1, antipyrine, acetanilid; 2, cold water. Between the first two there is but little choice. Antipyrine is more soluble, but is high-priced; it is a strictly proprietary remedy and occasionally produces collapse even in small doses. I have experienced this collapse several times, but it has always passed off rapidly on using stimulants. Acetanilid, on the other hand, is very cheap, the dose is small, its manufacture is not controlled by any one; barring some cyanosis and an occasional chill it is harmless. Its chief drawback is it insolubility. It may be rendered soluble by alcohol, but is best administered in capsules. The dose is 3-5 grains, antipyrine 5-15 grains, repeated according to indications furnished by the thermometer. But medicinal antipyretics are inferior in my opinion to cold water applications. Of cold baths I have had but little experience. They are very inconvenient, especially with stout, heavy persons, and are scarcely feasible outside of large hospitals or except with the wealthy; on the other hand the wet pack is readily applied and can be repeated with comparatively little inconvenience. A cot is used or a small bed rolled to the side of the patient's bed. Over this is spread a water-proof sheet, and upon this a sheet wrung out of moderately cold water; the patient being now stripped and laid on the sheet, the latter is wrapped about him and the water-proof so arranged as to conduct the water over the side of the bed into a tub. With a common watering pot the patient is then sprinkled for 10 or 15 minutes with cold water, after which he is vigorously rubbed with warm towels, placed in bed and

warmly covered. The pack may be repeated several times a day; even every two hours, if necessary. It may be used whenever the temperature reaches 104°. If lower than this, sponging with cold water may suffice, either over the entire body or to the head, neck and limbs. In the use of cold water, care is of course necessary. Some patients do not react readily from it and symptoms of collapse may arise. Should the patient become chilly during the application it should be discontinued and a stimulant be given. In any event it is well to give some stimulant after using the water.

Epilepsy —We have before us two patients affected with this disease. The first is a young married but childless colored woman, who has had the attacks for 8 years. With one exception they have taken place during the night and when she is asleep. She only knows of them through her husband and by being drowsy and stupid, and finding her tongue and cheeks badly bitten the next morning. Formerly she had the attacks about once a month, often at the menstrual period, but she has escaped them for an entire year, owing doubtless to her regular and persistent use of medicine during that period. She has just had a recurrence which brings her here to-day. She is quite robust, as you see, and her ordinary functions are well performed, except that she suffers from constipation. She has a dull eye and a rather "silly" expression. There is nothing of interest in her family history.

The other case is a young German harness maker, æt. 19, who has had attacks since he was one year old. He can give no reason for them except that he was "teething." They were formerly very frequent but now occur about once a month; he has had two, however, in the last four weeks. They are usually diurnal, although some have occurred at night. He declares positively that he has never bitten his tongue or cheeks. They are preceded by an aura, which he describes as a sensation of swimming of the head and faintness. When he experiences this, he knows that an attack is impending and he has time to notify those around him before the spasm sets in. Sometimes the aura occurs without the succeeding spasm. He never cries out at the beginning of the attack. As the attack is passing off he has a great tendency to "run away." He resumes his work immediately after attacks. He has never experienced any injury in consequence of the attacks, except about a year ago, when he sprained his ankle. His functions are all well performed and he is a robust young fellow, with steady work and earning full wages. He has a dull eye and a down-cast, rather sad expression. He appears intelligent and says his memory is good and that he can read and write. His father had fits and died insane in an asylum; a sister aged 15 had "hysterical" fits about a year ago.

Both of these cases are examples of the major form of epilepsy, known among the French as "grand mal." They are also idiopathic, *i. e.*, they occur without assignable cause. They are, therefore, true epilepsy, which is a neurosis and not symptomatic of brain lesions. The limitation of the attacks to the night is to be borne in mind. Many cases begin in that way and may continue for many years without being suspected. Whenever any one complains of a sore or swollen tongue, of headache, and heaviness, or exhibits some embarrassment of speech on arising in the morning, our suspicions should be aroused. We should examine for the minute ecchymoses resembling flea-bites and not disappearing on pressure, upon the forehead, neck and chest, which Trousseau pronounced a sure sign of a previous attack, and we should put a watch upon the patient. It has been stated that this nocturnal form is less favorable with reference to treatment than the diurnal form. According to Gowers, attacks limited to either day or

night are more favorable than those occurring both day and night. Attacks of "grand mal" are more amenable to treatment than those of "petit mal;" and those with, than those without an aura. Notwithstanding the long continuance of the disease, both of these patients exhibit a very fair degree of intelligence. The tendency of the disease, as you are aware, is to cause deterioration of the intellect and lead ultimately to imbecility. This loss of mental power is usually proportionate to the duration of the affection and especially to the frequency of the attacks. Apart from this, the chief element of danger is the risk of injury in the paroxysms, as from falling into the fire or water. Many cases of drowning are no doubt thus to be accounted for. Gowers points out the danger of suffocation from vomiting when the attack follows a meal and also the danger of an epileptic turning upon his face in bed; the latter enforces still more imperatively the rule not to let the patient sleep alone. A still rarer danger is the rapid recurrence of the convulsions, preventing recovery from one attack before the next one comes on. This is known as the "status epilepticus," and death may occur in it from gradually deepening coma or with symptoms of meningitis. You note in the first case the tendency towards monthly recurrence; it is not uncommon to meet with this at the menstrual period, the increased susceptibility of the nervous system doubtless then favoring the discharge of force accumulated in the nerve centres. I once saw a case in a young lawyer which began during as paroxysm of intermittent fever. Still, as a fact, we rarely find appreciable causes for the attacks. The "aura" seen in the second case is an interesting phenomenon. Although peripheral in site it is cerebral in origin. It varies very much in character and often commences in the extremities. I have also met with the following varieties: a præcordial "sensation," a flush or sense of heat," seeing "white blocks all around," and in one case, which some of you saw at the Hospital last spring, a "stitch" in the side, about the region of the liver, which was noticed for a day before the attacks. In regard to treatment, our main reliance is to be placed upon the bromides, and the bromide of potassium is the best of these. It is given in 15-30 grain doses. The necessity of long continuance of the drug—months and years—is to be borne in mind and insisted upon. The object shall be to ward off attacks and keep them away as long as possible. We may thus hope gradually to produce a change in the action of the nerve cells, from whence the discharge proceeds, and to restore their stability. The smallest dose that will accomplish this purpose is to be ordered and the production of bromism is to be avoided as far as possible. The acne-like eruption sometimes seen upon the face, neck and chest from the bromides may be prevented by combination with Fowler's solution. Whilst the bromides are our great stand-by and rarely fail to do good in greater or less degree, we have occasionally to resort to other remedies. Among those most available are belladonna, cannabis indica, borax and oxide of zinc. The combination of one or more of these agents with the bromides sometimes succeeds where the latter alone fail. When the aura is present the inhalation of the nitrite of amyl by crushing a pearl in the handkerchief, will sometimes abort an attack. Surgical measures are not to be thought of in the idiopathic form of epilepsy.

To remove the stains of nitrate of silver from the fingers:—First paint the blackened parts with tincture of iodine, let remain until the black becomes white. The skin will then be red, but by applying ammonia the iodine will be bleached, leaving white instead of black stains of nitrate of silver.

IN WHAT WAYS CAN A PHYSICIAN EFFECTUALLY HELP TO STAY THE RAVAGES OF INTEMPERANCE?*

BY RICHARD HENRY THOMAS, M. D.,
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This question requires practical rather than scientific treatment. It does not call for proof that intemperance is one of the great evils of the day, for it takes that for granted. From its wording, I understand that I am asked not to show that it is the duty of a physician to endeavor to help to stay the ravages of intemperance, but to address my remarks to those who are not only aware of its ravages, but sincerely desirous of staying them; at least, as effectually as possible. In so doing, I shall deal with what a physician can do as such, in distinction, on the one hand, from the independent scientific investigator, and on the other from the ordinary citizen. What, then, can the physician, absorbed in the cares of a general practice, do to help effectually to stay the ravages of intemperance?

In the first place, if he wishes to help effectually, he must consider the causes that lead to the spread of drunkenness and consider how far he, as a physician, has special opportunities for preventing them. It is, of course, impossible in the time allotted, for me to enter upon an exhaustive study of all the causes, inherent and accidental, moral, social and political, that contribute to swell the mighty army of inebriates, much less to consider the remedies to be applied to each. So far as anyone is conscious of any of these causes, it is his place as a man, regardless of his trade or profession, to do what a man may to abate them.

From a medical point of view, we have to start with the fact that nearly every race of man has a tendency to resort to some form of stimulant or narcotic. In the case of alcohol we have the tendency greatly enforced by heredity; by the social drinking customs of society; by the widespread belief that alcohol in some form or other is good for most of the disorders of the mind or body; by the habit of indiscriminate prescribing of alcohol by physicians, as if it were a harmless remedy; and by the use of tobacco.

In regard to the apparently inherent appetite for stimulation, and to the influence of heredity, we of course can do but little, though the knowledge of the existence of a dormant appetite should put us increasingly on our guard and make us more active in our efforts to combat the danger. Also we have here a special reason why we should as physicians encourage that very practical form of temperance work which provides at a low price such stimulants as tea and coffee. Among the preventable causes, I have placed first the drinking customs of the day. I think I hear some one object, "I thought you were going to address us as physicians and you begin by speaking on total abstinence." Wait, and you will see that I am confining myself to what comes under the province of a physician as such. For, however much we may wish to do so, we can never wholly lay aside our profession at any time; wherever one is known as a medical practitioner, he becomes to a certain degree a public teacher on all questions relating to matters of health. He may not like the responsibility, but in this case he should not have become a doctor. He cannot escape from his position. But responsibility rightly understood, always carries with it privilege. The two can never be dissociated. If a physician who encourages the social drinking customs of the day, whether at the family table, the evening reception, or in a restaurant, is helping on the ravages of intemperance more than the drinking lawyer or merchant, so the physician who practices and advises total abstinence is more effective than they. For his action is authoritative from one of the two main standpoints from which these

*Read before the Temperance Medical Conference, Park, Staten Island, N. J. July 16, 1891.

customs seek to find their support, the hygienic standpoint. If he encourage it in any way by word of mouth, or by his own indulgence, he is saying to those that observe him that such indulgence is practically harmless, and on his authority as an expert in hygiene others receive fresh encouragement in their customs, or are even persuaded to commence to partake.

Now, if you wish to effectually stay the ravages of intemperance, you must take a firm stand in this matter. Your teaching must be true from first to last. The experience of men who have in the last half century on moral grounds entirely abstained from the use of alcoholic drinks have shown some facts to the scientific world that could hardly have been proved in any other way. They have in effect been carrying out on a large scale a physiological experiment under great varieties of condition. Side by side with them others have unwittingly been carrying on what we may call control experiments by continuing the use of alcohol. We have therefore two series of experiments more conclusive than those performed on lower animals under abnormal conditions, for these have been carried out voluntarily on human beings pursuing the ordinary avocation of life.

What is the result? We all know it.

Abstainers live longer and are less exposed to disease, and, when ill, recover more readily than even moderate drinkers. We all know how much in favor of a man it is when he suffers from any serious accident, if he has been an entirely temperate man. Physiologists now acknowledge that alcohol is not needed for the healthy body, and, to quote Prof. Martin, of the Johns Hopkins University, "even the daily use of alcohol merely in such quantities as to produce slight exhilaration or to facilitate work is by no means safe;" and again: "In fact, as a force generator alcohol may be advantageously replaced by other foods in nearly all cases; and there is no evidence that it helps in the construction of the working tissues, though its excessive use often leads to an abnormal accumulation of fat. Its proper use is as a "whip," and one has no more right to use it to the healthy body than the lash to overdrive a willing horse." He describes it as dangerous even in what may be called "physiological" quantities, or such amount as can be totally oxidized by the body.† I have purposely quoted this opinion because it is the testimony of one who regards alcohol in very moderate quantity as a food, on the ground that it is completely oxidized. From the standpoint of medical men exclusiveiy, if we desire to make our teaching true on this subject, we are to tell people plainly that they do not need alcohol, and that they are not taking it with impunity. We are to tell them that there are evils induced by it besides drunkenness; that a man need never be drunk, and yet may have his powers of body and mind seriously impaired, and his life shortened by his indulgence. All these points are so well known that it is useless to present statistics. Practical men are getting ahead of us. Railroad companies, electric light companies, large manufacturers are all coming to see that if they want their men to be trustworthy they must have the abstainers. If in the rush of modern life a man wishes to be able to depend on himself, to be always on hand to meet the emergencies that may daily arise, he must keep his mind clear by abstaining from that which is dangerous to him even in so-called "physiological" amounts. I know of a corporation that suffered great loss through an unguarded boast of one of its officers, made at a dinner company under the influence of the wine that had been served.

In view of all these things, and I have only touched upon them, there is no escaping the conclusion, that if a physician wishes effectually to aid in staying the

†See Martin's "Human Body." Henry Holt, 1881, pp. 304, 305.

ravages of intemperance, he must not only let facts like these be known, but must illustrate by his own practice the importance of living a total abstainer from alcoholic liquors. But, again, someone will answer that this is too hard. "Am I to give up the social glass, and the good fellowship it represents?" That is for you to say. I am merely pointing out some of the ways in which you may effectually aid in this cause. It all turns on how much you desire to do this. But, he who does not desire it up to the point of self-sacrifice, and genuine effort, need not flatter himself that he is helping effectually. The very word help in a case of such magnitude as this involves the idea of exertion, and genuine exertion too. I will add more and ask a question if either practically or theoretically you are not acting in the way here marked out, how can you answer the charge that you are, so far from staying the ravages of this great evil, really helping them on?

It is very easy to think we get out of the difficulty by saying that we stand for true temperance, and that total abstinence is not temperance, that we do not encourage intemperance, but a moderation in drinking, and that we should do all we can to discourage the undue use of it.

But you do not go on this method in regard to other dangers. When scarlet fever has been in a room, do you use the temperate method of disinfection, or do you endeavor to disinfect so thoroughly as to make the room perfectly safe for any child to enter it? Would you feel it right to wear the most handsome clothing infected with the germs of this disease into a room full of children? Why not? Because you are so convinced of the danger of scarlet fever that you do not care to stop to ask whether you are temperate or not in your efforts to eradicate its germs. Were you equally convinced of the evils of intemperance, your care would be the same. As a matter of fact, drunkenness is a far greater evil than scarlet fever, even considered as a disease. Nay, more, there is in the habit of occasional drinking in moderation a direct cause of injury to the system, even if that terrible disease is escaped, the disease which so takes possession of a man as to make it a matter of impossibility for him, short of divine aid or the forcible removal of the drink from him, to stop drinking. Is this disease any the less terrible, because it has to do with the health of the character as well as of the body? Surely to those of us who feel that that which most distinguishes man from the lower animals is not in his body but in his character, this fact makes the disease all the more terrible.

These victims are not to be dispised. They do not lack natural will power nor brilliance. They have become diseased, and their character has been undermined, so that in many cases their condition is well nigh hopeless. How did the immense majority come to this condition? By trying to be moderate drinkers and failing. Take a hundred children and expose them to the contagion of scarlet fever. It is extremely probable that a large proportion may escape the disease. But you were none the less responsible for having exposed them. Expose a similar number of men to the disease I have been speaking of by encouraging them to partake of alcoholic beverages in moderation, and you will find that a proportion of them will remain moderate drinkers and a proportion of them will fall a prey to the disease. But you took the risk, and are responsible for what you have done. You cannot tell beforehand what undeveloped appetite may be there, but you may rest assured that a tendency to yield to it is always more or less present.

Leaving this branch of the subject, we can consider the next cause mentioned, and that is the widespread belief that alcohol is good to prevent and to cure most

of the ills that afflict mankind. Thus people will take it in cold weather to warm them, and in warm weather to cool them. Now, we are to teach them, as the truth entitles us to do, that experience shows that the body is less able to stand cold after using alcohol than it is without it. Travelers in the Arctic regions report that it is not to be depended upon to preserve the body heat. In like manner it appears that in tropical climates it renders the persons who use it less able to resist the diseases to which those climes are liable. In all the ordinary ills of life, it can be replaced with advantage by other remedies not open to the same objections. We can honestly object to its use in these ways by the laity, because there are other things that really answer the purpose better. One of the great though quiet methods by which we can help to stay the ravages of intemperance is to show the people that it is not to be relied on as an ordinary domestic remedy, and to suggest to them other remedies that will be more effectual.

But it is a sad thought that the profession is probably largely to blame for the keeping up of this widespread notion as to the general efficacy of alcohol, because so many physicians have in the past and still do prescribe it with a free hand. If Prof. Martin's position be correct and if the true use of alcohol be like that of a whip to a horse, then we can see at a glance that its use is limited to a very small number of cases. This rules out at once any regular use of it in chronic cases. These do not need a whip; it will be positively injurious to them, for by its action it puts an increased strain on the already weakened system, and interferes with the natural functions of the body. The feeling of vigor is largely delusive. In the treatment of those who are by any reason in a constant condition of weakness, it is of great importance to hold ourselves and our patients in restraint. Our object is not to make them feel that they are recovering, but really to aid their recovery where that is possible, and, where it is not, to conserve their strength all that we can. Now, to do this requires that they be satisfied with the amount of the sense of vigor that their system is properly capable of. If we try to rouse them up to exercise their strength beyond what we have reason to believe any of their weakened organs rightly bear, they will collapse the sooner. From this it follows that it may often be our duty to advise our patients to be satisfied with a very moderate degree of health, and to live at very low pressure. By pursuing this course, I believe we are doing the most we can for our patients, and are giving them the best chance for recovery, while we use methods of treatment calculated to build up rather than whip up.

A drug that when given in small doses in health will, if long continued, produce serious effects upon the various organs of the body, is hardly safe to be given continuously to a person whose powers of resistance have been weakened by disease. For such an organism will be less likely to stand against its effect, even though they keep in prescribed doses. I have reason to believe that this is not an imaginary danger. I have known of a case in which, so far as could be told, fatal disease of the liver was thus induced in a lady who never partook of alcoholic liquors except as prescribed by her physician.

That alcohol is not needed in the large majority of cases is clearly proven by the reported experience of a number of physicians. The Temperance Hospital in London is a case in point. This hospital does not, as I understand, take the position that alcoholic medicines are never to be used, but that they are to be employed as little as possible, and as a matter of fact it has hardly ever resorted to them, and yet has been able to report very encouraging success.

If you ask what I use as a substitute for alcohol, I reply, nothing. Where it is not needed, you want no substitute for it. Suppose a survivor from the

time when blood-letting was the routine practice in the most opposite conditions of the system should come in and ask what we use instead of blood-letting to produce the same effect, we should reply that in the immense majority of cases we do not wish to produce its effect, and we substitute as a rule nothing, though in cases that need depletion, we can secure the results by catharsis and other means, but that when we thought it needed we should still use venesection. So in regard to alcohol; we do not in most cases wish to produce the effect of it.

On this subject I desire to be understood. I believe that as physicians we are morally bound to use the best means that we know to assist recovery. Therefore, when alcohol was the best remedy,—if it were shown to be such—I should feel morally proud to use it and not to allow its dangers to prevent me. But we must always remember that in treating a man we must take into account both his physical and moral well-being. In the majority of cases alcohol is injurious, and in other cases we are generally able to find a remedy not open to the same objections, that will serve every purpose required. Where this is the case, we are bound to use the other remedy; but, as I said, no one drug exists which answers all the indications supposed to be met by alcohol. I confess my inability at present to say that under no circumstances is alcohol useful in disease. There are to my mind cases where the system does need a whip, which need alcohol appears to supply better than any other remedy.

But these cases are those where it is needed for a short time only through the emergency. If we do use it in this way it should be given in carefully regulated doses and with every caution and precision, and stopped as soon as the immediate need for it has ceased. I do not think that when given carefully in this way, the use of the drug could lead to alcoholism; personally I have never known of a patient of mine in whom this has developed a habit. But in no event would I employ it in one who had been a drunkard. In all cases where alcohol is used the same care should be exercised as in the use of morphia. But I am afraid that in saying this I am not saying enough, for I have reason to fear that there is far too little care used in the administration of the latter drug.

I know that it requires considerable determination to refuse to order stimulants when patients or their friends suggest and urge our doing so, but if we really wish to stay the ravages of intemperance we must have the courage of our convictions. The mere fact that we are ranged on the side of abstinence will tend to make our patient discount our advice on the ground that we are cranks on this subject, and they will suggest that what we say is on account of our temperance principles, not on account of our unbiased medical judgment. But here we are on good ground. We are undoubtedly supported by sound medical experience, and our advice is founded on what is really best for our patients from a purely medical standpoint. We must remember that the importance of our maintaining a firm position on this point is not confined to the effect on the individual for whom we are prescribing. Our opinion will be quoted to others, and if we can be quoted as having in a general way advised the use of alcohol in some ordinary complaint, we shall have done much to encourage its unnecessary employment.

There is another cause not so frequently considered as it ought to be, and that is tobacco. I am convinced that the very common connection between smoking and drinking is not accidental, and that smoking encourages the latter. All physicians who have much to do with the throat must have noticed the irritating effect that smoking has upon these organs. The very irritation caused is an incentive to drink. Again the companionship that is encouraged by smoking is very apt to be a companionship that leads to drinking, for men will often associate, when smoking, with characters with whom they would not associate under

other circumstances. In the interests of temperance, therefore, I believe that we should discourage smoking. Here, again, we find that what is good on moral grounds is beneficial on physical. It is always thus. God has not made one law for the body and another for the character. Any habit injurious to the one is contrary to the other. All statistics show that the use of tobacco is injurious. The recently published records of the senior classes at Yale show that non-smokers have gained over smokers 20 per cent. in height, 25 per cent. in weight, and 66 per cent. in lung capacity. All candidates for crews, etc., were non-smokers.

I have thus far spoken only of some of the preventable causes of intemperance that especially come under the domain of the practising physician. I have purposely avoided dealing with scientific and physiological investigations, as these belong to a branch closely allied, indeed, to the medical profession, and yet distinct from it. But I would suggest some of the ways in which the earnest physician may use his influence, outside of his own circle and practice. He may encourage and further the introduction of suitable text-books on hygiene in our public and private schools. This will prove and is proving a great help in reforming public opinion. He can, as occasion presents, give public lectures on the subject by way of further spreading the truth. He can do what he can to influence the practice of his fellow physicians. He can write articles on the subject for the public prints as there is readiness to receive them. To one whose eyes are open, opportunities of this kind are not wanting, for they are always open, only we have not eyes to see them until we realize the importance of looking out for them.

I have said nothing on the political side of this question. Here the physician is as any other man, and if he is conscientious and earnest he will support that side of the question which appears to him best calculated to promote the cause he has at heart.

In conclusion, I would again revert to the wording of the question. It speaks of the ravages of intemperance, and by the use of such a strong word lays emphasis on the thought of the terrible nature of the evil. Is such a word warranted? Ask the prisons, penitentiaries, almshouses, insane asylums, the slums of the great city, the lanes in the country villages, ay! ask many a rich and luxurious home, as well as many a squalid cottage, ask concerning the diseases that are afflicting society, ask concerning the death rate, and the cause of a large per cent. of it, and the combined answer, coming to you with the coldest voice of statistics or of science, or with the loudest and most impassioned weeping, is the s a m e. The word is not too strong. If there were a stronger word it were the one to use, yet how is it that so many physicians are more interested in curing hydrophobia, which is but a rare disease, than in controlling this worse than pestilence? It can only be explained by the fact that it has thrown a Circe-like spell over their minds, so that their ears are charmed with the music, so that they do not see, or, seeing, do not realize the terrible destruction that lies in this indulgence, and so make no strong effort to arrest it.

But if the question breathe the thought of the terrible evil, it also comes with the word of encouragement. How can we effectually help to stay these ravages? These ravages are not necessary, therefore. They can be stayed—more than this, we can effectually help to stay them. Otherwise the question is useless, this conference is a mistake. No! It is not a mistake. There is encouragement for us because we are on the side of truth in this matter. "By their fruits ye shall know them." By this test we are ready to be tried, not only from the moral point of view, but from the hygienic and medical. It seems, sometimes, uphill work, but "right is right, since God is God, and right the day must win."

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

Subscription $3.00 *per annum, payable in advance.*

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JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.

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BALTIMORE, OCTOBER 10, 1891.

Editorial.

HOW "MEDICAL RELIEF BUREAUS" WORK IN ENGLAND.

Dr. Lathbury writes to the *Lancet*, of September 12th, 1891, that a reform in the relations of the Provident Medical Associations to the profession is desirable; for he finds that since his appointment as physician and surgeon to one of them he has been boycotted by all the medical men in the neighborhood, they having agreed not to meet him in consultation, thus refusing to recognize him as a member of the profession.

In reply, one of his medical neighbors writes that when this Provident Association was formed "circulars (to be filled in with the names and number of those wishing to join) were left at every house in the town, stating that persons over fourteen years of age would be attended for 4*s.* ($1) per annum, those under fourteen years of age for 2*s.* (50c.) per annum, and persons who could afford it were to contribute 5*s.* ($1.25) and upwards, these circulars being subsequently called for by the touts of the societies. Dr. Lathbury has a board outside his residence with the tariff in large letters, also stating that payments can be made monthly, so that for twopence (4c.) a child under fourteen can at once secure Dr. Lathbury's services for one month. Cards for medical attendance at a cheap rate have been issued to justices of the peace, county councillors, ex-mayors, aldermen, prosperous tradesmen, and others, all of whom are well able to pay the ordinary fee for medical attendance. Dr. Lathbury must know all this, and I leave it to him to justify it. In a sense I am sorry for him; he is in the hands of a committee who will use his services simply for their own ends, a conclusion I am sure he will soon arrive at. I have no doubt there are several medical men whose experience of these medical associations will go to prove how they are abused, and I am afraid that, until the profession is more united and a general canvass of her view of things taken, these abuses will still continue."

Another physician writes: "I do not think Dr. Lathbury can complain of the treatment he receives at the hands of his brother practitioners when he knows (or soon will know) that the object of such associations as the one he is attached to is to tout (solicit), by local advertisements and otherwise, for patients of all classes, and admit them to the benefits of the charity—nay, not "charity" from their point of view—on payment of some four shillings ($1) a year. Nothing pleases such a committee better than numbers, and the more people they can get to join their "club" the more they want, until, as in some cases, the whole village is converted into one gigantic club, worked by one, or at most two, medical men, to the utter exclusion of the original practitioners. This condition has, I believe, actually been brought about in certain villages and townlets, and in all cases it is run for the benefit of the local committee, which is usually composed of working men, with a sprinkling of the middle class tradesmen and shopkeepers. It is these very men who constitute the whole difficulty; for if the medical officers attempt to fix a wage limit, it at once excludes these committeemen from the pale of its application, and as a consequence the doctor is "sat on" and if necessary dismissed. You cannot serve God and mammon, neither can you serve your committee and at the same time deal honorably with your medical *confréres*. I have tried it."

BEYOND THE BRAIN CELL.

To every physician of experience the study of mental impulses seem a necessary part of the study of diseased humanity. He finds that in dealing with his patients he must take into consideration their "state of mind." His success in family practice depends as much upon his ability to understand the tempers and dispositions of the invalid and his family, as upon his knowledge of physical disease. The physician who ignores the peculiarities which go to form individual character, and to treat the sick on principles of cold science, may expect only failure. People will admire his learning and scientific skill at a distance, but when they are ill they will turn rather to the doctor who "seems to *understand them.*" For this reason a high collegiate degree does not necessarily mark the good physician.

In his daily rounds the practitioner frequently finds his way blocked by the prejudices, the idiosyncrasies, the emotions of his patients, and quietly though swiftly he must find his way around the obstruction. So every good physician is conscious that the mind exercises an enormous influence upon sickness and convalescence. Turning to the special student of the mind and its disorders, he is told that the cells of the grey matter are the seat and source of all these mental influences; that the gleam of hope which puts to flight the forces of disease in distant parts of the body is but the product of some slight chemical or electrical disturbance of some cluster of brain cells; that the thought of despair which breaks the patient's strength is due to some cell-process of the cortex. He is reminded, with imperative logic, of the tissue-waste of the nervous system which accompanies prolonged exercise of mental or nervous power.

But to the physician at the bedside of a patient whose life is tossed between alternate hope and despair it seems that there must be some great centre and source of energy behind the brain cell, ready to receive through the medium of the brain cell the various sensations which demand attention; able to call forth through appropriate nerve centres the intensest activities of the human system, as easily as the skilled touch of the musician evokes strains of music from the strings of his instrument. The scientist may but mark the highest material source of mental influence, and point to the cortical cell as the farthest limit to which his instruments of precision can follow the trail of thought; the physician may —nay, must—when he has reached this verge, turn his gaze upon the vast vast possibilities of the unseen realm beyond, and by those mysterious agents called "imagination," "reflection" and "faith," put himself into sympathy with the hopes and fears, the sorrows and the passions of the disease-stricken complex being before him.

We doubt if any family physician can exert his full influence for good, unless he can show to his patients by voice, by look, by gesture, that he has at least a feeble conception of those great tides of feeling which exert such mighty influence upon the progress of disease, but which hide themselves in ever-deepening mystey before the advance of physical science.

THE DOCTOR *VERSUS* THE SCHOOL TEACHER.

That there is something wrong with the bringing up of the girls of our large cities, cannot be denied. If the tree is known by its fruits, the simple fact that so many mothers in the community are utterly unable to properly suckle their children during the toothless period will show that there is some serious defect in the maternal constitution. It is evident also that this defect is not acquired subsequent to marriage, but has to do with the growth of the patient from childhood up. Nor is it confined to the luxurious classes, although it is perhaps most frequently found among them. It is certainly less often observed among country women bred in the country and among women who do heavy manual labor.

That the deficient vigor of American city women is not due to want of exercise in the open air, is proven by evidence which shows conclusively that during many months of the year the city lady is far more in the open air, in visiting and shopping, than her country friend. If we turn our eyes to girlhood, however, we find that the country girl gets far more healthful exercise than the city girl. Even if she goes steadily to school, the long walk or ride there through the woods and fields gives her a stimulus which is not to be gained by the dignified or hurried walk over brick pavements to the city school.

As to the share which confinement at school studies has in breaking down the health of the girls, the teachers and the family physicians differ seriously. It is stated by teachers that one of the first prescriptions which the family physician gives, when a school girl is ailing and seeks his advice, is that she should be taken

away from school and not be allowed to look into a text-book. The teacher declares that, apart from the consequent interruption of her studies, the advice is injurious to the girl in many ways; *first*, it suggests a doubt of the intelligence of the teacher, who is supposed not to know what is a suitable course of education for girls, and not to pay proper attention to their individual needs; *second*, it deprives the girl of healthful mental occupation, and association in work with her equals, and condemns her in many cases to novel reading and contemplation of her ailments; *third*, it blinds the eyes of the parents to the true cause of the trouble. The teacher, differing from the doctor, finds the source of the evil in the constant over-stimulation of the emotional nature of the girl and the exhaustion of her nervous force, which inevitably results from the way in which the girls of fashionable city families are brought up, or are allowed to bring themselves up. She ascribes the trouble not to the girls' life *in school*, but to her life *out of school*; to the exciting trashy love story which she reads by the hour in her own room; to the overtaxing of her emotional nature at the theatre; to the social party which closes in the small hours of the morning, where she breathes the hot, foul air of crowded rooms, exposes herself with bare arms and chest to cold draughts, and perhaps dances several strong men into a state of utter fatigue, keeping up her exertions meanwhile only by virtue of intense nervous excitement. In contrast with the hours spent in the bracing, intellectual work of the school-room, such amusements must surely appear injurious.

In view of the testimony of college-trained women, and the evident need of some regular occupation for the mind, it is evident that the intellectual training given under the care of experienced and thoughtful teachers in a school where the aim is to educate women as women, and not in competition with men, ought not to be condemned as injurious without a careful investigation of the whole subject.

Medical Progress.

ETIOLOGY OF CROUPOUS PNEUMONIA.

As stated in the *Medical News*, Dr. Brunner reports (*Deutsch. Archiv. f. Klin. Med.*) that from a study of one hundred cases of uncomplicated croupous pneumonia he determined that the disease is more common in males than in females; that most cases occur in the third and fourth decades of life; that those who lead active lives in the open air are predisposed; that the right lung is more commonly involved than the left; that the onset usually takes place in the morning with a chill; and that the disease is most prevalent in winter and in spring. Careful comparative observations upon the mean temperature, the mean humidity of the atmosphere, relative and absolute, the mean barometric pressure, as well as upon other meteorological conditions, in conjunction with the number of cases of pneumonia observed at different periods, revealed the fact that most cases occurred when the temperature was low, the absolute humidity slight, the relative humidity great, and the barometric pressure very high or very low. It appeared that those meteorological conditions that increased the physiological activity of the lungs favored the development of pneumonia.

The brief period of incubation which characterizes pneumonia may be explained by the almost constant presence of pneumonia-cocci in the air-passages, suitable extrinsic and intrinsic conditions conferring virulent properties upon a hitherto innocuous agent.

From many considerations it therefore appears that merely waging warfare against bacteria will not eradicate disease. The physical difficulties to be overcome alone render such a mode of treatment impracticable. A rational prophylaxis will have for its object the avoidance, as far as possible, of exposure to infection to deleterious influences of all kinds.

THE ADVANTAGES OF MIXED NARCOTICS IN GYNECOLOGICAL SURGERY.

In a paper read before the American Gynecological Society, Dr. J. C. Reeve, of Ohio, called attention to this subject. By this method he meant preceding the anæsthetic by a hypodermic injection of mixed atropia and morphine. He had used this method twenty years. Had never had a death, nor indeed serious symptom, under this form of hemorrhage. He summarized the advantages of the method as follows: 1. The emotional excitement was allayed. By the morphia, dread and apprehension were made to disappear, the nervous system yielded readily and kindly to the anæsthetic. 2. The anæsthetic was more rapidly and steadily introduced, the stage of excitement being brief. 3. The feeling of suffocation during the administration of ether was much lessened. 4. Anæsthesia was not only more readily produced, but was far more steadily maintained. 5. Absolute quiet was a marked feature of the mixed method. 6. A period of quiet rest and freedom followed the operation. 7. Vomiting, so deleterious in many ways, was lessened. He has rarely seen a case of severe vomiting after mixed anæsthesia. He had succeeded in finding records of only three deaths during mixed anæsthesia, in one of these a dangerous amount of morphine having been injected.

TRANSPLANTATION OF TEETH.

In a monograph upon this subject, quoted in the *International Journal of Surgery*, Scheff details a large number of experiments made on animals, together with histological examinations, which tend to show that, in the majority of instances, the union is periosteal. It may take place by first intention, the alveolar periosteum uniting directly with the cement of the tooth without absorption of the latter; or the periosteal proliferation may produce a more or less extensive absorption of the cement, which if carried too far, may result in extrusion of the tooth. The experiments also demonstrated that the pulp of every implanted tooth becomes necrotic, and this condition may exist, notwithstanding the occurrence of firm periosteal adhesions; or a new tissue may take the place of the necrotic structures. In the dog, this new tissue originates in the pulp canals, and consists of a delicate vascular connective tissue, which differs from the normal pulp by the absence of odontoblasts, or it may result from a proliferation of the periosteum into the pulp canals through openings caused by absorption of their walls. If the latter occurs, the periosteum may undergo osseous transformation after absorption has ceased.

Of great interest in this connection are the investigations recently made by a Russian physician, Dr. Znamensky, regarding the implantation of artificial teeth both in animals and human beings. He experimented with teeth constructed of porcelain, hard rubber, and metal, at the roots of which he made a large number of fine incisions. The process consisted in a proliferation of granulation tissue from the alveolar walls into the fine openings at the root of the tooth, thus holding it firmly in position. It is questionable whether artificial teeth can be em-

bedded with sufficient firmness to withstand, for any length of time, the violence to which they are subjected during mastication.

DONOVAN'S SOLUTION IN GLEET.

The solution of the iodide of arsenic and mercury is said to be of material service in treatment of gleet. It is given for this purpose in the dose of ten minims, three times a day. A correspondent writes that he feels justified, so uniform has been his success in controlling a chronic urethral discharge by Donovan's solution, in calling the remedy almost a specific for gleet.—*Med. Rec.*

NERVES OF THE CORNEA.

The *Lancet* informs us on the authority of a Russian medical journal that, in examining eyes taken from the body several hours after death, Dr. Dogel found the cornea provided with from sixty to eighty small nerve branches, with and without medulla, of which from twenty to thirty go to the posterior corneal surface, and from forty to fifty to the anterior. In these nerves a central filament and a peripheral axis cylinder substance may be distinguished. The central filament resolves itself into single nerve fibrillæ. Within the corneal parenchyma the nerves and their branches form a primary plexus, which gives out secondary branches, called "rami perforantes," which form the sub-epithelial plexus, and this again gives rise to still finer ramifications forming an intra-epithelial plexus. The same nerve branch generally shares with its branches of the second order in the formation of all these plexuses. The nerve terminations in the epithelium are bulb-shaped, and form ganglions. An especial thickness and zigzag course distinguish those filaments which go to the stroma of the cornea. These also form a plexus. Each layer of the cornea has a separate plexus except the membrane of Descemet and the next layer, which have no nerve plexus. The author believes, in opposition to Kuehne and Waldeyer, that the nerves of the cornea have no sort of connection with its cells and corpuscles, but are merely situated between them.

USEFUL DON'TS.

From the pen of Dr. Whelpley, of St. Louis, comes the following hints:

Don't forget that apothecaries' ounce contains 480 grains, while the avoirdupois weighs only 437½ grains.

Don't forget that cocaine and borax form an insoluble borate of cocaine, while boracic acid and cocaine do not.

Don't forget that chloral and cyanide of potassium mutually decompose each other, and that hydrocyanic acid (prussic acid), is one of the products.

Don't forget that chlorate of potassium and iodide of iron are incompatible, as iodine is liberated.

Don't forget that sulphur and saltpeter may explode if pounded together in an iron mortar.

Don't forget that the evaporation of a solution of hydrochlorate of cocaine decomposes the salt.

Don't attempt to dissolve chlorate of potassium in ether. It will explode.

Don't attempt to form an alcoholic solution of chromic acid unless your will is made.

Dr. Russell, Senior Pathologist of the Edinburgh Royal Infirmary, has at length secured a cancer parasite and traced its life history. He finds it to be a fungus of the yeast type. Dr. Russell says the discovery cannot be definitely accepted until tested by others.

Medical Items.

It is reported that influenza has appeared as an epidemic in Moscow, and that many persons are each day reported as incapacitated by it.

About two thousand persons died of yellow fever at Rio de Janeiro during the months of March and April of the present year.

A recovery from pernicious anæmia is reported under the use of arsenic by hypodermic injection, the drug being crowded to the highest point of toleration.

A medical man in Rome recently brought to light some interesting specimens of ancient dentistry and artificial teeth in skulls from different Etruscan tombs, dating back as far as six centuries B. C.

Dr. Hunter McGuire, the popular surgeon of Richmond Va., has returned from a summer visit to Europe, thoroughly rested and prepared for a hard winter's work.

All of the Baltimore medical schools have opened their regular winter course of lectures with larger classes than in previous years. There will be more medical students in Baltimore during the coming winter than have ever been known in the history of this city.

The *Southern Med. Record*, published in Atlanta, Ga., states that a bill will be introduced in the Georgia Legislature looking to the establishment of a Board of Medical Examiners for that State. An effort will again be made to have a bill to regulate the practice of medicine in Maryland passed by the Legislature of this State at its coming session.

The following changes have been made in the Faculty of the Baltimore Medical College: Prof. J. D. Blake has been transferred from the chair of Physiology to the chair of Surgery, made vacant by the death of Prof. E. R. Walker. Prof. Chas. G. Hill has been transferred from the chair of Nervous and Mental Diseases to the chair of Physiology and Clinical Diseases of the Nervous System.

The American Otological Society elected the following officers for the ensuing year: President, Gorham Bacon, M. D., of New York; Vice-President, Huntington Richards, M. D., of New York; Secretary and Treasurer, J. J. B. Vermyne M. D., of New Bedford, Mass.; It was decided to hold the next meeting at the same place as that of the American Ophthalmological Society, and on the day preceding its meeting.

The ninth annual meeting of the American Rhinological Association will be held in Indianapolis, Ind., October 6th, 7th, 8th. The meeting promises to be an interesting one. President, Dr. R. S. Knode, Omaha, Neb.; Secretary, Dr. E. R. Lewis, Indianapolis, Ind. Inquiries may be addressed to either of the above officers.

Drs. H. P. C. Wilson, J. J. Chisolm and T. A. Ashby, of this city, were in attendance upon the annual meeting of the Virginia State Medical Society, which was in session in Lynchburg on Oct. 6th, 7th and 8th. All of these gentlemen read papers before the Society. The meeting was one of the most successful the society has ever held.

The Executive Committee of the Medical and Chirurgical Faculty of Maryland has decided to hold the next semi-annual meeting in Rockville on the 3rd Tuesday and Wednesday of November. The Faculty was invited to meet in Rockville by the Montgomery County Medical Society. Notice is now given that if

any member of the Faculty desires to read a paper at this meeting he must send the title of his paper to Dr. T. A. Ashby, Chairman of the Executive Committee.

It is estimated that between 50 and 75 per cent. of the members in attendance upon the Congress of American Physicians and Surgeons recently held in Washington, D. C., were afflicted with a severe diarrhœa in consequence of drinking the water at the capitol.

The American Pædiatric Society elected the following officers for the ensuing year: President, Dr. William Osler, of Baltimore; Vice-President, Dr. J. M. Keating, of Philadelphia; Secretary, Dr. S. S. Adams, of Washington; Treasurer, Dr. C. W. Townsend, of Boston; Recorders, Dr. W. P. Watson, of Jersey City. Dr. W. D. Booker, of Baltimore, was made a member of the Council. The Society then adjourned, to meet in Boston during May, 1892.

The American Physiological Society elected the following officers for the ensuing year: President, Dr. Harrison Allen, of Philadelphia, Pa; First Vice-President, Dr. Charles Heitzman, of New York City; Second Vice-President, Dr. Theodore Nicholas Gill, of Washington, D.C.; Secretary and Treasurer, Dr. Daniel S. Lamb, of Washington, D. C.; Member of the Executive Committee, Dr. E. C. Spitzka, of New York; Delegate to Congress, Dr. Francis S. Sheppard, of Montreal, Canada; Alternate, Dr. Robert W. Shufeldt, of Washington, D. C.

The American Surgical Association elected the following officers for the ensuing year: President, Dr. Phineas S. Connor, of Cincinnati; Vice-Presidents, Dr. L. McLane Tiffany, of Baltimore, Dr. Levi C. Lane, of San Francisco; Secretary, Dr. J. R. Weist, of Richmond, Ind; Recorders, Dr. J. Ewing Mears, of Philadelphia, Dr. John B. Roberts, of Philadelphia; Member of Council, Dr. Claudius H. Mastin, of Mobile. The following resolution was adopted: *Resolved*, That the Association hereafter hold each triennial meeting at Washington, and that other annual meetings be held at such time and place as the Association may name. It was decided to hold the next meeting in Boston, in June, 1892.

The sand-bag is invaluable in the sick-room. Get some clean, fine sand; dry it thoroughly in a kettle on the stove; make a bag of flannel about eight inches square; fill it with dry sand; sew the opening carefully; and cover the bag with cotton or linen. This will prevent the sand from sifting out, and will also enable you to heat the bag quickly by placing it in the oven or on top of the stove. The sand holds the heat for a long time, and the bag can be tucked up to the back without hurting the invalid. It is a good plan to make two or three of the bags and keep them on hand ready for use at any time when needed.

Dr. George B. Loring, ex-Commissioner of Agriculture, and ex-Minister to Portugal, died at his home in Salem, Mass., on September 14th. Dr. Loring was born in North Andover, Mass., November 8, 1817. He was educated in Franklin Academy of that town and at Harvard College, graduating at Harvard Medical School in 1842. He was appointed surgeon to the Chelsea Marine Hospital soon after graduation, and served there a number of years. In 1849 he was made United States Commissioner to revise the Federal hospital system. From 1853 to 1857 he was postmaster of Salem. About this time he began to devote himself to practical and scientific agriculture, and was an active member of the New England Agricultural Society for many years, becoming its president in 1864.

The Medical Council of the College of Physicians and Surgeons of Ontario recently passed the following resolution: "On and after July 1, 1892, every student

must spend a period of five years in actual professional studies, except as hereinafter provided, and the prescribed period of studies shall include four winter sessions of six months each and one summer session of ten weeks; the fifth year shall be devoted to clinical work, six months of which may be spent with a registered practitioner in Ontario and six months at one or more public hospitals, dispensaries or laboratories—Canadian, British or foreign —attended after being registered as a medical student in the register of the College of Physicians and Surgeons of Ontario; but any change in the curriculum of studies fixed by the Council shall not come into effect until one year after such change is made."

The 19th annual meeting of the American Public Health Association will be held in Kansas City, Mo., Oct. 20th to 24th, 1891. The Local Committee of Arrangements announces that all the Railway Passenger Associations of the country have granted a one and one third fare rate for the round trip on the usual certificate plan, that is: (1.) Procure a certificate of attendance from the agent at the starting point by paying full fare to Kansas City. (2.) Have the certificate of attendance signed by the proper officer of the Association at Kansas City. This certificate will then procure return ticket for one third fare. All the leading hotels of Kansas City will give special rates to delegates. Arrangements are being perfected for an excursion into Kansas, as one of the features of the entertainment of the Association. For any information as to the meeting, address Dr. E. R. Lewis, Chairman, or Dr. Joseph Sharp, Sec'y, Local Com. of Arrangenents, Kansas City, Mo.

The Southern Surgical and Gynæcological Association, which will meet in Richmond, Va., November 10th, 11th and 12th, 1891, has sent out a preliminary programme which notifies us that the session will be full of interest. The Annual Address will be delivered by the President, Dr. L. S. McMurtry, of St. Louis, Mo. Papers will be read by Drs. Bedford Brown, of Alexandria, Va., on "Systemic Infection from Gonorrhœa;" W. D. Haggard, of Nashville, Tenn., on "Treatment of Peritonitis," and on "Laceration of Perineum by Shoulders;" W. W. Potter, of Buffalo, N. Y., on "Medico-Legal Aspect of Pelvic Inflammation"; Joseph Price, of Philadelphia, on "Complications in Pelvic Surgery;" W. B. Rogers, of Memphis, Tenn., on "Cholecystotomy," J. McF. Gaston, of Atlanta, Ga., on "Psoas Abscess;" F. W. M. McRae, of Atlanta, on "Drainage in Surgery of Deep Urethra;" G. B. Johnston, of Richmond, Va., on "Imperforate Rectum;" C. Tompkins, of Richmond, on "Abortion for Vomiting of Pregnancy;" J. E. Michael, of Baltimore, "External Perineal Urethrotomy Without a Guide;" Frank Lydston, of Chicago, on "Genito-Urinary Neuroses in the Male;" Edwin Ricketts, of Cincinnati, on "Nephrectomy;" P. B. Barringer, of University of Virginia, on "Serpent Wounds in United States;" J. Taber Johnson, of Washington, D. C., on "Growth of Fibroids after Menopause;" I. S. Stone, of Washington, on "The Pedicle in Hysterectomy;" John Brownrigg, of Columbus, Miss., on "Pelvic Abscess;" J. A. Groggans, of Alexander City, Ala., on "Cyst of Mesentery;" J. D. S. Davis, of Birmingham, Ala., on "Medico-Legal Aspects of Intestinal Surgery;" K. P. Moore, of Macon, Ga., on "The Female Urethra;" W. E. B. Davis, of Birmingham, Ala., on "Gallstones;" J. W. Long, of Randleman, N. C., on "Albuminuria;" Frank Prince, of Bessemer, Ala., on "Senile Gangrene;" W. L. Robinson, Danville, Va., on "Hæmorrhage *versus* Shock;" and Thos. Opie, of Baltimore, on "Laparotomy."

Other papers are promised. Programmes may be obtained from the Secretary, Dr. W. E. B. Davis, Birmingham, Ala. Dr. Hunter McGuire, of Richmond, is Chairman of Committee of Arrangements.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 25. BALTIMORE, OCTOBER 17, 1891. NO. 551

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Original Articles.

TWO CASES OF FIBROID TUMOR OF THE UTERUS SUCCESSFULLY TREATED BY WEAK CURRENTS OF GALVANISM.*

BY J. A. LYONS, M. D.

The following cases, which I have observed while assisting Dr. T. J. Watkins at his clinic in the Post-Graduate Medical School, of this city, may be of interest, as they suffered from profuse and almost continuous metrorrhagia, and as their treatment consisted only in the use of weak currents of galvanism.

CASE 1.—Mrs. C., 22 years of age, married four and one-half years; the mother of one child 3½ years old. She miscarried six months ago, at about the fourth month of gestation, at about which time she suffered from puerperal septicemia and entered St. Luke's Hospital for treatment. During this time she flowed almost incessantly, and frequently hæmorrhage was profuse. She continued to lose blood in this manner until January 30th, of this year, when she applied for treatment at the dispensary of the Post-Graduate Medical School. Her health previous to the miscarriage was good, although her physique is slight and her temperament nervous. She came to the clinic for the relief of metrorrhagia and of pain in the left inguinal region. She was excessively anemic and greatly debilitated.

Physical examination revealed a symmetrical enlargement of the uterus about the size of four months' gestation, which was diagnosed as an interstitial fibroid

*Read before the Gynæcological Society of Chicago.

tumor. The depth of the uterus could not be ascertained, as a probe could not be passed beyond the os internum.

Galvanism was given as follows: 1. Apostoli's clay electrode was placed on the abdomen over the region of the tumor, and to this was fastened the negative pole of the battery. 2. The Apostoli intra-uterine electrode was introduced, but could only be passed to the internal os, and to this was attached the other pole of the battery. The electricity was now gradually administered, until forty milliampéres were given, when the patient experienced some pain. This current was continued for three minutes.

February 3rd—that is, four days later—the above treatment was repeated.

February 6th. Patient has had no hæmorrhage since last treatment until this morning. The positive pole is again introduced into the uterus and the current increased to fifty milliampères.

February 10th. No hæmorrhage since last treatment. The electrode is easily passed for the first time into the cavity of the uterus for four and one-half inches, and is made the negative pole of the battery. This treatment was repeated on February 13th, 17th and 20th.

February 27th. She has just completed a normal menstrual period. Fifty-five milliampéres were given. The tumor is reduced to about three-fourths its original size. Her general condition is much improved.

March 20th. The galvanism has been given twice each week, as above described, and now the uterus is normal in size and position; the patient feels perfectly well and is discharged cured. Although the current given was weak and continued for only three minutes, yet at times she suffered so severely after the administration of the galvanism that she was forced to remain quiet in the hospital for two or three hours before returning to her home. About one month later, at our request, she returned to the dispensary feeling perfectly well, and examination again showed the uterus to be normal in size and position. In this case it is interesting to note that the metrorrhagia was cured, while the electrode did not enter the uterine cavity.

Case II.—Mrs. C. Piper, living on North Robey Street, American, aged 36 years and married eighteen years, has one child 17 years of age. She has had two miscarriages fifteen and thirteen years ago. For two years she has suffered from bearing-down pelvic pains and with severe pains in both inguinal regions and in back. Menstruation has been profuse for nearly two years, and has gradually become more painful, until now it is very severe, and for four months she has flowed almost continuously. The blood at times has been bright red and at other times dark and clotted.

Physical examination revealed a fibroid tumor of the uterus about the size of six months' pregnancy, which protrudes to the right and posterior. Galvanism was given practically as in Case I. The patient attended the clinic faithfully twice each week, although the treatment gave her but little, if any, relief for one month. Then the electrode was passed with difficulty into the cavity of the uterus. This could only be accomplished by placing the patient in the left lateral position, by exposing the cervix by means of a Sim's speculum, and straightening the uterus by traction on the cervix with a tenaculum. The canal was found to be very tortuous and six and one-half inches in depth. After this the resistance to the electrical current became much diminished, her hemorrhages abated, and her general condition rapidly improved. The strength of the current varied from thirty to seventy milliampères.

May 19th—that is, forty-five days after the treatment was commenced, and

fifteen days after the electrode was passed into the cavity of the uterus—the tumor is reduced about one-sixth in size and the patient is much improved.

June 9th. Patient is quite active and is now doing much of her own housework, while formerly she could attend to none of these household duties.

June 19th. Tumor is now about three-fourths its original size. Patient menstruates regularly, but not excessively and without suffering much pain. Her strength is practically restored and she now suffers but little from pelvic pain.

A QUARTERLY REPORT ON OPHTHALMOLOGY AND OTOLOGY.

BY ARTHUR D. MANSFIELD, M. D.,

Assistant Surgeon at the Presbyterian Eye, Ear and Throat Charity Hospital, of Baltimore.

I think it would not be entirely devoid of interest to those wishing to follow advances in these particular branches of medicine, to give periodically (say quarterly), a summary, brief in its nature, of the important additions made to our specialty. The idea is not a new one by any means and is one, I think, worthy of the attention of the specialists. It is not within the reach, nor always convenient, of every practitioner to follow advances in the different specialties, and it devolves upon those in such a position to give to the reader of our monthly journals a brief summary of what is done, at least in the branches of ophthalmology and otology.

I know it is not always possible for the general practitioner to carry out methods and modes advocated by specialists, yet when the general practitioner is enabled to make a proper diagnosis, his prognosis will be greatly modified by such knowledge, even if the methods and modes of treatment are beyond his reach.

The "*sine qua non*" for which we all strive is the treatment, and the good and the benefit we can do the patient. It is truly remarked that the patient has little or no concern about the ability to properly diagnose; what he wants is that you cure him or tell him so, if you cannot. Appealing individually to each practitioner, it is essential without any doubt that the physician be able to diagnose the disease before properly administering to the case.

I am afraid it is an evil too prevalent by far, this hap-hazard way of treating, a "hit or miss plan," which suits in many cases, and in some others it does not. My object, however, is to give a quarterly report on ophthalmology and otology, and in this my first quarterly report to the MARYLAND MEDICAL JOURNAL, that I may awaken an interest in this important branch of our profession and stimulate the more those working and striving in the field of eye and ear work.

In this, the first report, I will not endeavor to give the advance made in the two branches in the last three months, nor will I endeavor strictly to confine my remarks to any definite period, but will mention a few ideas and methods suggested by writers and surgeons of this particular type.

We often find that ideas suggested at the present time may have been given to the world, but failed to obtain that recognition and sanction from the profession which is essential to their furtherance and adoption, as a known means of cure or alleviation. It will be my pleasure to speak first of advances made in the science of ophthalmology, a science perhaps as exact as any in medicine and as near perfection as possible. The ideas may be old ones resuscitated, yet appearing as they do from the past, have all the strength of years of trial by more or less able experimenters.

The one disease in all the list of eye diseases that gives the surgeon desirous of making suggestions the most opportunity, is detachment of the retina. The retina, a thin membrane, is loose and floating in the vitreous. Why cannot a re-attachment be effected and sight restored? Many have been the attempts and the results still negative. You say results negative and still you speak of advance? Yes, yet the time must come when the retina can be re-attached.

Paracentesis of the sclera has been done in the immediate region of the detachment and in some cases partial good has been effected, but the results in general have not been any too flattering. Withdrawal of the sub-retinal fluid has been tried. Injections of the tincture of iodine has also been employed with varying results, the thermo-cautery has been used, the seton and other means of counter irritation, yet with negative results. It still remains for some one to cure retinal detachments and confer a boon upon some small portion of suffering humanity.

During the past year or so, renewed activity has been manifested by opththalmologists and by various State medical societies in reference to ophthalmia neonatorum. The efforts of the societies have been to bring about State or national legislation that will have a bearing upon the care of the eyes of newly-born children and to prevent blindness, which seems to be on the increase, and that particular form seen in the newly-born child forming by far the largest proportion and, perhaps, the one that can be the easiest controlled when properly treated, and the precautions timely administered; and when blindness occurs the blame being put where it belongs.

Another advance, though a very bold one, is the removal of the lens in myopic eyes, where the fundus is healthy and no choroidal atrophic patches seen. The measure is advocated and put forward by Dr. Fukala, of Pilsen, (Karlsbad in Graefe's *Archiv. für Ophthalmologie*, XXXVI. I will not attempt to give a full description of his methods, but will give in brief his method and the indications. Dr. Fukala deems necessary to take such medical means as the removal of the lens, thus converting a myope into a hyperope. Those desirous of having a complete description of the subject can find it in a translation of the original paper which appears in the November, 1890, issue of the *American Journal of Ophthalmology*.

The indications are as follows: the degree of the myopia must be above 13 D- in young people up to 24 years of age that could read No. 1 in Jasper's types at their punctum remotum, with relatively good visual acuity and the fundus presenting no choroidal or retinal disease. The advantages of aphakia are summed up as follows:

1. Distinct vision in the distance.
2. Enlargement of retinal images.
3. Visual acuity improved for distance.
4. Relaxation of the strain upon accomodation for distance.
5. Binocular vision for the near restored.
6. Near work, such as reading and close work, can be held at a proper distance.
7. Spasm of the accommodation and the accommodation itself disappear and disturbing elements in myopic eyes of high degrees.

The precautions taken should always be well looked after, and Dr. Fukala recommends an iridectomy upwards in all cases before the discission, thus preventing any dangerous increase in intra-ocular tension. Iridectomy is an excellent precautionary measure against iritis and choroiditis, the only objection being the small amount of disfigurement to the eye, but this coloboma of the iris is

covered by the upper lid. Suppuration of the wound may result; secondary cataract is always difficult to manage and should be guarded against; atropinization should be absolute. Extraction of the lens is advised in elderly persons, and if impossible to remove the clear lens it should be prematurely ripened, and the author of the article advises that iridectomy should be done in all cases. I will quote two cases:

1.—Franz Z., Vienna, æt., 8, L. E., myopic 11 D. V= $\frac{18}{ce}$ or $\frac{1}{xi}$ lens removed V. L. E.+6D=$\frac{2}{v}$, 4½ fold improvement.

2.—H. B., Vienna, æt. 14, left eye myopic, 11D S vision =$_{x}\frac{1}{10}$, discission repeated 5 times; vision a year later with +6D $\frac{20}{L}$.

And so the author relates 19 cases in which he obtains an improvement ranging from four-fold to twelve-fold. A medium result of seven to eight-fold improvement. For a full description of cases and methods, etc., I refer the reader to the *American Journal of Ophthalmology*, November, 1890.

The effects of the Coquille glasses have been demonstrated by Prof. F. B. Eaton, of Portland, Oregon, to be detrimental and dangerous upon the eyes when worn by patients, causing asthenopia, photophobia, lacrymation and all the attendant symptoms, the trouble being caused by the minus refraction, the water lines and the astigmatic irregularities in the menisci being pressed with the watch glass shape while in the molten state.

The point made by the author is that these colored glasses, instead of being perfectly neutral, often present to the eye refractive glasses not at all suitable for it, and hence cause more or less discomfort and damage. The amount of refractive error to the "Coquilles" averages—25D. S. ()-0.25 D. cyl at various axes is a small amount, but yet when placed on an eye which it does not suit the discomfort is more than can easily be borne.

Leaving the subject of ophthalmology, not that I think I have fully written up the subject, but that I think I have already encroached upon the patience and forbearance of my readers, I pass to the subject of otology.

Speaking briefly of operative measures for the relief of impaired hearing, I may say that Dench (*Archiv. of Otology*, Jan., 1891), found in cases where adhesions were formed between the tympanum and the surrounding and adjacent parts that good results followed all operative procedures; of this I cannot speak personally, but hope to be able to confirm Dench's work by my own at the Eye and Ear Hospital very shortly.

Dench makes a vertical incision about $\frac{1}{16}$ inch in length and divides the fibrous tissues binding the malleus from the promontory, thereby causing a fixation of the entire chain of ossicles, thus liberating the bones by operative measures. The results following these procedures Dench claims to be valuable. In the past six or eight months, hydrogen peroxide has undergone a certain amount of revival and now, perhaps, is assigned to its proper position, which is by no means an inferior one, as it is a valuable adjunct to our pharmacopœia. Hydrogen peroxide is a drug valuable on account of its antiseptic and disinfectant properties, as well as its cleansing ability to remove all particles of purulent matter. The American Oxygen Association, of New York, gives to us a valuable preparation, superior to any I have ever tried, in that it is non-corrosive, unirritating and stable at the ordinary temperature, having a neutral reaction, or very slightly alkaline, and valuable in its entirety.

129 South Broadway.

CONDITIONS UNDERLYING THE INFECTION OF WOUNDS.*

The subject chosen for discussion at the first meeting of the Congress was, "conditions underlying the infection of wounds, including a discussion of disinfection with reference to treatment of wounds, of the relation of bacteria to suppuration, of the resistance of tissue to the multiplication of bacteria and of the effects of antiseptic agents on wounds."

The discussion was opened by the referee, Dr. William H. Welch, of Baltimore.

He said that the study of wound infection involves the consideration of many varying and often complicated factors relating both to the agents of infection and to the individual exposed to infection. We can no longer be content with the comparatively simple conception that once prevailed, according to which wounds become infected by bacteria in much the same way as meat infusion putrefy when suitable germs enter.

The subject was considered under the following divisions: 1. What are the micro-organisms concerned in wound infection, and how do they act? 2. How are we to explain the great differences in the effect produced by pyogenic bacteria? 3. What are the ways by which bacteria gain access to wounds? 4. How often are bacteria present in wounds treated antiseptically or aseptically, and what are the characters and the source of these bacteria? 5. What are the best means of surgical disinfection?

Dr. Welch described briefly the various bacteria which he had found in traumatic infections, and concluded that although the list of bacteria, particularly of bacilli, which may be associated in a causative manner with the infection of wounds, is much larger than was formerly supposed; the pyogenic staphylococci and streptococci of Ogston, Rosenbach and Passet, far outrank in frequency and importance all of the rest.

The staphylococcus pyogenes aureus or the streptococcus pyogenes was found to be a most common cause of the graver forms of suppuration, but a white staphylococcus, designated by Dr. Welch as the staphylococcus epidermidis albus, was a very frequent cause of stitch abscesses and of slighter grades of wound disturbance. This coccus, which appears to be a modified or attenuated form of the staphylococcus pyogenes albus, was found to be an almost, if not quite, constant inhabitant of the epidermis, where it exists not only superficially, but also in layers of the epidermis which cannot be reached by any of the existing methods of cutaneous disinfection.

The bacillus coli communis was proven by a large number of post-mortem examinations to be a frequent invader of certain organs of the body, such as the liver, spleen, kidney, lymphatic glands and lungs, when lesions of the intestinal mucous membrane, such as ulceration, inflammation, necrosis, hæmorrhage, exist. Although in most of these cases there is no evidence that the invasion of this regular inhabitant of the normal intestinal tract does any harm, nevertheless, under especial conditions it is capable of being pathogenic, causing abscesses peritonitis and infections, generally not of a serious nature, in wounds. These observations regarding the colon bacillus are significant, as they show that certain intestinal diseases may predispose to auto-infection.

Dr. Welch presented a number of reasons in support of the view that the pro-

*Abstract of an address delivered before the Congress of American Physicians and Surgeons, by Prof. W. K. Welch, of the Johns Hopkins University, specially prepared for the MARYLAND MEDICAL JOURNAL.

cess of suppuration serves a useful purpose in combatting bacteria and checking their further entrance into the tissues and the circulation.

He considered it proven that the pyogenic micrococci produce suppuration by means of chemical substances which they contain and set free.

He said that differences in the effects caused by the pyogenic cocci depend upon the species of animal, upon the tissues and part of the body infected, upon the source, number and violence of the bacteria, upon the toxic substances accompanying and produced by the invading bacteria, upon various general predisposing conditions of the individual, such as anæmia, diabetes, syphilis, Bright's disease, etc., and upon local conditions in the wound, such as the presence of foreign bodies, of pathological products, of bruised, necrotic or strangulated tissues. Infectious agents as they occur under natural conditions, may be more virulent than the same bacteria in artificial cultures, and this probably depends upon accompanying toxic substances. The presence in the blood and tissues of the products of pyogenic or of putrefactive bacteria favors the growth of bacteria in a wound, whether these bacteria get into the wound by auto-infection or from without.

Anything interfering with the integrity of the tissues of a wound, such as the necroses produced by the action of strong chemical disinfectants under tension or strangulation of tissues by sutures and ligatures, interferes with the power of these tissues to overcome invading bacteria, and hence the surgeon should respect these tissues and handle them gently. Those surgeons who give especial attention to the proper handling of the wounded tissues, even if they do not conform to all of the details of strict antisepsis, are likely to have better results than those whose energies are bent toward destroying bacteria in wounds and who subject the tissues to the action of strong disinfectant solutions, which we now know to be less efficacious than was once supposed.

Dr. Welch reported the results of experiments on dogs, showing that clinical experience concerning the aseptic course of wounds treated by the blood-clot method of healing is explained by the blood coagula under these conditions being an unfavorable medium for the multiplication of pyogenic cocci.

Although the most common mode of wound infection is by contact with hands, instruments, or other objects containing pyogenic bacteria, nevertheless the possibility of infection from the air can not be wholly disregarded, as the pyogenic staphylococci and streptococci have been repeatedly found in the air, particularly of hospital wards.

No existing technique of surgical antisepsis or asepsis suffice to keep bacteria entirely out of wounds in all cases. In the majority of wounds pursuing an aseptic course, bacteria are found. The most common species met under these conditions is the white staphylococcus of the epidermis, which, however, does little or no harm, except around drainage-tubes and about sutures or other foreign bodies, when it is prone to cause suppuration, limited to the tract of the foreign object.

In every case in which the yellow pyogenic staphylococcus or the pyogenic chain-coccus was found, suppuration of the wound occurred.

The demonstration of bacteria in layers of the epidermis, deeper than can be acted upon by present methods of disinfection of the skin, suggests that all possible precautions should be taken against the possibilities of infection from the skin, especially that of the patient. The employment of subcutaneous sutures, in preference to cutaneous stitches, eliminates a part of the dangers of infection from the skin of the patient and practically does away with stitch abscesses.

As the action of chemical disinfectants has been found to be more complicated and less certain than was once supposed, it is wise for the surgeon to substitute whenever applicable the simple and certain methods of disinfection by heat in some form (dry heat, live steam, boiling) for the use of chemical agents. He can not, however, entirely dispense in the operating room with chemical disinfectants.

The disinfectant powers of corrosive sublimate, unsurpassed as they are when the experimenter brings about the best possible conditions for the action of this substance, are far less than has been generally supposed when the conditions are those commonly present in disinfection of skin, wounds and albuminous fluids. If the precaution be taken to first precipitate the mercury with ammonium sulphide after washing the hands with sublimate solution, it will be found that cultures made from the hands after the employment of Fürbringer's method of skin disinfection are much more frequently positive than when this precaution is neglected. It may be urged that if the bacteria, after being acted upon by the sublimate, do not grow in one culture media, they will not grow in wounds, but of this we can not be certain, and certainly one will feel safer with a method which actually kills the bacteria on the skin. The best results were obtained by a method of disinfection of the skin in which a warm saturated solution of permanganate of potash followed by a similar solution of oxalic acid plays the principal disinfectant role. This is the proceeding now adopted in the Johns Hopkins Hospital.

Society Reports.

AMERICAL ORTHOPEDIC ASSOCIATION.

FIFTH ANNUAL SESSION.

This session was held at Washington, D. C., September 22, 23, 24 and 25 1891. Orthopedic Surgery as a Specialty was the subject first discussed.

Dr. A. B. Judson, of New York, in the President's Address, said that orthopedic surgery is specially the domain of physical demonstration, where subjective symptoms give place to objective signs, where treatment is chiefly mechanical, and results are recorded in degrees of a circle and fractions of an inch. It exists and thrives as a specialty, because the general practitioner concurs with the public in committing patients who, from the nature of the case, generally recover with some deformity and disability to the care of experts.

Dr. N. M. Shaffer, of New York, defined orthopedic surgery as that department of surgery which includes the prevention, the mechanical treatment and the operative treatment, of chronic or progressive deformities, for the proper treatment of which special forms of apparatus or special mechanical dressings are necessary.

Dr. V. P. Gibney, of New York, proposed a definition as follows: That department of general surgery which includes the prevention, the mechanical treatment and the operative treatment of chronic or progressive deformities.

Orthopedic Nosology.—*Dr. W. R. Townsend*, of New York, advised the construction of a uniform nomenclature for orthopedic affections, to facilitate the taking of histories and to increase the value of reported cases. A committee was appointed for this purpose.

The Late Mr. Thomas.—*Dr. A. J. Steele*, of St. Louis, paid a friendly tribute to the late Mr. Thomas, of Liverpool, a corresponding member of the Association,

whose methods have been so widely discussed and whose influence is felt in many branches of orthopedic practice.

Crural Asymmetry and Lateral Curvature.—*Dr. H. L. Taylor,* of New York, described two instances in which the leg was two inches and one and one-eighth inches short, respectively. Both cases were in young women. The short limb was larger and stronger, the shortening was chiefly below the knee, and there was no lateral curvature.

Dr. A. Hoffa, of Wurzburg, Germany, described a specimen which proved that in one instance the shortness was due to union of the neck and shaft of the femur at an acute instead of an oblique angle.

Dr. F. Beely, of Berlin, illustrated with specimens of lateral curvature, and ingenious models, the changes which occur in the bodies of the vertebræ preceding rotation, explaining how the paraspinous sulcus is shallow and broad on the concave, and deep and narrow on the convex sides, a condition which is reversed in the lumbar region by the absence of ribs.

Spina Bifida and Club-Feet.—*Dr. H. A. Wilson,* of Philadelphia, related the case of a child of four years. The ordinary methods of reducing the deformity of the feet excited suppuration, which resisted treatment for six months, as long as the patient remained under observation. There were sensory paralysis and deficient circulation in the lower extremities. The same intolerance of surgical treatment thwarted all attempts to treat the spinal tumor.

Dr. L. A. Weigel, of Rochester, has had similar trouble with a similar case, but found that when the child was older, it was possible to treat the deformity of the feet with success.

Dr. A. E. Hoadley, of Chicago, related a case of spina bifida, in which good results had followed an operation in which he did not attempt to repair the vertebral deficiency, but had simply turned up large flaps and united them by silk sutures.

Dr. T. M. L. Chrystie, of New York, reported a case of congenital equinovarus, with absence of great toe and contiguous bones of the instep. Mechanical treatment speedily reduced the deformity, with a gain of symmetrical gait.

Dr. W. E. Wirt, of Cleveland, related an interesting and unusual case of club-hand and club-foot, with other congenital malformations.

Dr. Hoffa said it was evident that all cases of club-foot do not have the same causation. The cases reported were due to some fault in the earliest stages of development.

Spastic Paralysis and Spina Bifida.—*Dr. W. N. Bullard,* of Boston, reported a successful operation by Dr. C. L. Scudder, of Boston, for the relief of spastic paraplegia in a child with spina bifida. He thought the paraplegia was not due directly to the spina bifida, but to the accompanying hydrocephalus. He advocated electrical treatment and faradization, rather than galvanism.

Dr. Weigel reported a case in which division of all shortened tissues, and the use of a brace, had secured a favorable result.

Deformity after Knee-Joint Excision.—*Dr. J. C. Schapps,* of Brooklyn, said that after excision, the two united epiphyses make a mass of soft bone, in each end of which is inserted a long lever. With this leverage, it is possible to restore and maintain a straight limb by simple mechanical treatment.

Dr. A. M. Phelps, of New York, thought that recurrence of deformity can be prevented by liberal resection of the hamstrings.

Dr. Hoffa said that relapse often occurs from incomplete removal of diseased tissue, and that when excision is done in early life, and all disease removed, marked shortening will not occur.

Dr. Beely said that flexion could be prevented by over-correction, but at the risk of further over-correction as the result of locomotion. Apparatus designed to prevent recurrence of deformity should relieve the limb from the weight of the body.

Dr. Taylor objected to free division of the hamstrings, as these muscles are useful in balancing the pelvis on the femur, even after motion at the knee is abolished.

Dr. J. D. Griffith, of Kansas City, had prevented flexion by removing all the disease, and without dividing the hamstrings.

Dr. Schapps said that in many patients under ten years, excision was to be preferred to mechanical treatment.

Knee Troubles in Locomotion.—*Dr. Shaffer* related a number of cases in which an elongated patellar ligament had caused pain and difficulty in locomotion.

Dr. A. M. Vance, of Louisville, thought that the ligament might become shorter if not constantly stretched by use. Rest was indicated.

Dr. Gibney cites a case in which rest for one-and.a-half years had not caused shortening.

Dr. Shaffer said his patients had been benefitted by giving lateral support, thus converting the joint into a true hinge.

Atrophy in Joint-Disease.—*Dr. E. G. Brackett*, of Boston, argued that atrophy is due to disease and not entirely to reflex irritation.

Dr. A. G. Cook, of Hartford, said that atrophy of the foot, often very marked, can be only the atrophy of disease.

Dr. J. K. Young, of Philadelphia, believed that the atrophy in question is the result of reflex interference with nutrition. In hip disease, it appears first in the thigh muscles, especially the adductors.

Atrophic Elongation.—*Dr. Roswell Park*, of Buffalo, described the atrophic elongation, conspicuous in the lower extremity. As the result of disuse from disease, with avoidance of pressure on the bone ends, the bone lengthens more rapidly than its fellow. This is illustrated in growing children with disease of the tibia or femur, and is noticeable in some cases of hip disease.

Treatment of Hip Disease.—*Dr. Phelps* said that traction and fixation should be enforced to prevent destruction by intra-articular pressure. Ankylosis is the result not of fixation, but of disease. The patient should be put to bed from three weeks to four months, and should then wear the lateral traction fixation splint, which was exhibited. Children under three years are placed in the plaster of Paris portable bed, which was also shown.

Dr. Wirt exhibited a new device for traction, in which the force of the lever is changed into rectilinear instead of circular motion, without key, screw-driver, wrench, buckle, or strap.

Dr. R. H. Sayre, of New York, said the invention gave accurate and easy adjustment in the direction of traction, but in the direction of relaxation the control was defective.

Dr. A. J. Gillette, of St. Paul, was satisfied with the results obtained by the use of Thomas' splint.

Dr. Vance said he practised fixation at the hip, but believed much depended on the surroundings of the patient.

Dr. Shaffer believed the best results can be obtained by the use of the long Taylor traction splint. He thought results should not be reported till six years had passed, as relapses were not uncommon.

Dr. Ridlon, of New York, said a splint should secure immobilization by antero-posterior leverage, as in Thomas' splint, by an action identical with that of the Taylor spinal brace.

Dr. Steele approved of the combination of the English method of rest with the American plan of traction.

Dr. Taylor practised rest in bed with traction in the acute stage, to be followed by a splint which allows locomotion.

Dr. Sayre thought but few cases required lateral traction. When the inflammation had ceased, he applied passive motion. If the pain and tenderness following last more than twenty-four hours, the passive motion has not been rightly used.

Dr. E. M. Moore, of Rochester, believed that a joint only *moderately* inflamed demands motion. He employed traction with a certain amount of motion.

Congenital Dislocation of the Hip.—*Dr. Phelps* exhibited apparatus for the treatment of this affection, and described his method, and its results.

Dr. E. H. Bradford, of Boston, had modified the apparatus in previous use by adding an appliance with which the patient is allowed to walk about. The joint is thus protected as in convalescence from hip disease. These appliances he had made of aluminum for the sake of lightness.

Dr. C. C. Foster, of Cambridge, said the best recorded result had been obtained by Dr. Buckminster Brown, whose patient was treated by mechanical means in bed.

Dr. A. Hoffa had operated by deepening the acetabulum, which is practicable from the thickness of the pelvis at this point. At first, he sewed a periosteal flap over the trochanter, but this is unnecessary. Two months ago, he examined his first case, two years after the operation, and found a movable joint, freedom from the characteristic gait, and absence of lordosis.

Mr. Howard Marsh, of London, divided these cases into, (1) those in which the bone slips about on the wall of the pelvis, and (2) those in which it is fixed. The majority belong to the second class, and, in these, operation is useless, but is more properly applicable to those cases of the first class in which the head is high up and movable. The anterior position is the most favorable, because lordosis, which depends on the backward displacement of the head of the femur, is absent.

Dr. Ridlon said that, as subjects for treatment, anterior dislocations are more hopeless than posterior ones.

Dr. DeF. Willard, of Philadelphia, said treatment should be by forcible attempts at reduction, to excite inflammation, followed by traction and systematic exercise.

Malignant Disease and Pott's Disease.—*Dr. Judson* reported three cases in which Pott's disease and malignant disease of the vertebræ had been confounded by himself and other observers. In one, the diagnosis was made ante-mortem. The patients were four-and-a-half, thirty-five, and forty-two years respectively. The chief diagnostic points are, (1) Deformity present in Pott's disease, absent in malignant disease; (2) Local disability; and (3) Local pain, both absent in Pott's, and present in malignant disease.

Dr. Willard had seen two cases in which his diagnosis was confirmed post-mortem.

Dr. Gibney reported a case in a man of forty years, in which he and others had been baffled in diagnosis. There was sarcoma of the fifth and six cervical vertebræ.

Mr. Marsh related the case of a child which was extremely difficult to diagnosticate, and which proved to be malignant in character.

Syphilitic Pott's Disease.—*Dr. Ridlon* said that in this form, the onset is more rapid, the pain and disability greater, the kyphosis sharper in outline, and abscesses often appear before deformity. If recognized lesions of hereditary or tertiary taint are present, treatment should be by large doses of mercury and iodide of potassium.

Dr. B. Lee, of Philadelphia, referred to cases of this origin, which had come under his observation.

Pott's Disease in the Old.—*Mr. Marsh* had observed instances of suppurative tuberculosis in the metacarpus, tarsus, testis, cervical glands, knee and hip in eight patients between sixty-three and seventy-three years. But senile tuberculosis of the spine is most rare. He had seen two cases. The patients were sixty-four and sixty-five years respectively. The College of Surgeons of London possessed an osseous specimen of the action of tuberculosis of the upper cervical vertebræ. In his studies of "Old Case Books," Sir James Paget had recorded a case of Pott's disease in a gentleman of fifty-five, attended with angular curvature.

Dr. Sayre recalled the case of a patient, æt. fifty-five, who recovered from Pott's disease with paraplegia and abscesses.

Pott's Disease and Pregnancy.—*Dr. T. H. Myers*, of New York, had collected twenty-five cases of labor in fifteen patients recovered from Pott's disease.

In no instance did caries recur. But of seven cases in which the disease developed during pregnancy, three died, and three were left paraplegic. Normal parturition often follows in cases of deformed pelves whose measurement would indicate that it was impossible. These patients should be examined by the obstetrician early in gestation.

Dr. Taylor knew of many cured patients whose marriage had been followed by the birth of healthy children.

Dr. G. W. Ryan, of Cincinnati, thought it was a question of allowing the tuberculous to marry. He knew of married women, deformed by Pott's disease, who had borne and raised healthy children.

Dr. Steele said one of his patients who recovered from Pott's disease had borne six healthy children.

Dr. Lee said that one of his patients with a large lumbar kyphosis had borne twelve children who, with the mother, are all in good health. He thought Pott's disease, even in the lumbar region, rarely produced narrowing of the pelvis.

Dr. Vance had seen a number of cases in which this deformity had not made labor of more than average difficulty.

Paraplegia in Pott's Disease.—*Dr. Brackett* said that relief from paraplegia may be confidently expected from continuous extension and fixation, even in cases of eighteen months' standing. This should be continued for some time after recovery.

Dr. Young reported two cases of complete recovery, in which there had been absence of sensation, a feature always of grave import.

Dr. Shaffer referred to a case in which the autopsy showed that a portion of the eighth dorsal vertebra had nearly cut through the cord, leaving but a slender thread.

Dr. Hoffa said that in these cases the spine should be put absolutely at rest. He had collected thirteen operations within the vertebral canal. Two died at once, two recovered, and would perhaps have done so any way. In the others,

there were immediate good results, but relapses soon occurred. The operation has no great future before it, and should be limited to those cases in which the processes alone are affected.

Dr. S. Ketch, of New York, has now under treatment a patient who had been paraplegic for five years, but he still maintained a hope of effecting a recovery.

Dr. Hoffa suggested that an abscess may be exerting pressure on the cord.

Mr. Marsh said paralysis rarely depends on the pressure of an abscess; but (1) on softening of the cord, (2) pressure of a displaced sequestrum, and (3) most common, on pressure from exudation. He would only operate after thorough trial of rest.

Dr. Willard said we could not absolutely diagnosticate the cause. When there are extensive inflammatory deposits about the arches, laminectomy may relieve the posterior pressure and allow expansion of the cord.

Dr. Lee said that in all cases of this form of paraplegia suspension would materially hasten recovery.

Abscesses in Pott's Disease.—*Dr. Townsend* thought that, as a rule, these abscesses should not be opened. In some cases, aspiration should be done, and in others, the cavity should be opened and drained to prevent sepsis and danger to life. His views were based on the history of 380 patients, 75 of whom had abscesses.

Dr. Young suggested the division of lumbar abscesses into external and internal, according to their relation to the psoas fascia.

Dr. Vance advocated aspiration, repeated as often as fluid is detected. In this way he cures three out of five cases. The depot is thus kept small, and the extent of subsequent operations, if necessary, is limited.

Mr. Marsh has rarely obtained a good result by the use of the aspirator.

Dr. Ryan said he had found aspiration to be a poor dependence. When interference becomes necessary, he believed incision to be the most conservative and effective procedure.

Mr. Marsh said that, in his observation, it is best to open freely, evacuate thoroughly, and then apply pressure to assist in closing the cavity.

Dr. B. E. Hadra, of Galveston, said that, on general surgical principles, such abscesses should be evacuated.

Dr. Willard would let dormant and caseating foci alone, liquefacting collections he would aspirate and inject with iodoform emulsion, and if true pus were present, he would incise, wash out with sublimate solution, and avoid undue manipulation, which might cause fissures which would let the tuberculous poison into the system. He would then suture the incision, and inject iodoform and boiled olive oil.

Dr. Bradford said that, while he did not think the danger from opening large abscesses was so great as had been thought by some, he was aware that absorption of such abscesses is not at all uncommon.

Dr. J. E. Moore, of Minneapolis, said the evacuation of a spinal abscess is a matter of great surgical responsibility, as it is an aseptic cavity, difficult to protect from infection after operation.

Dr. Hoffa would open only those abscesses which cause severe pain, or are likely to give rise to septicæmia.

Dr. Lee would never open an abscess of this kind unless compelled to by the conditions mentioned by the last speaker.

Dr. Ketch said there was danger that in our anxiety to treat a secondary feature we neglect the disease itself.

Dr. Shaffer would not say that incision was never advisable, but generally it is

wrong to open one of these abscesses. A very large abscess cannot be washed out, and its disappearance may be confidently expected, especially if efficient mechanical treatment is practicable.

Dr. Myers said that it was proven, (1) that it is impossible to completely remove baccilli from the abscess cavity, and (2) that bacilli-infected wounds at times heal primarily. Infection is more imminent after incision, because the wound lays open channels of absorption.

Wiring the Vertebral Processes.—*Dr. Hadra* suggested that the spinous processes at the seat of the disease be exposed and then firmly wired together to secure rest, and prevent deformity. The operation, as he had performed it for fracture of the cervical spine, was extremely simple and effective.

Dr. Sayre thought the wires would not bear enough force to remove the weight from the vertebral bodies, and that outside protection would be necessary to prevent lateral end rotatory disturbance.

Dr. Judson thought it was a question whether wiring was applicable through the long periods in which consolidation is delayed. Intolerance of the skin always presents such pressure as we would like to make on the kyphos. The method proposed circumvents this difficulty.

Dr. R. Whitman, of New York, said that due consideration should be given to the difference in development between the growing and adult spines.

Dr. Ketch did not see how the proposed operation could take the place of apparatus.

Dr. Moore said it was a most simple and harmless procedure, and notwithstanding the theoretical objections, he would accept the first favorable occasion to try it.

Prognosis and Treatment of Pott's Disease.—*Dr. Ketch* had learned from 75 cured cases that, in length of treatment and degree of deformity, the upper region of the spine is most favorable, and the middle least of all, that paraplegia more frequently accompanies disease in the upper than in the lower regions, and that cases of traumatic origin recover sooner than those of tubercular origin. Sudden deaths sometimes occur in cervical caries from interference with respiration.

Dr. B. Bartow, of Buffalo, said that the earliest important sign in the dorsal and lumbar regions is lateral curvature, dependent on nervous tenderness. Apparatus should be constructed to oppose the rotation accompanying lateral curvature, as well as the antero-posterior deformity. He used the plaster of Paris jacket applied to effect the above objects.

Dr. Foster said that extension in *bed* is the best method in the acute stage. Extension should be made by light weights, the cords leading over the head and foot of the bed and attached to waist belts, chest bolts, and head-straps.

Dr. Weigel reported a case of cervical Pott's disease with abscesses and paraplegia, successfully treated by extension in bed.

Dr. Ridlon had kept patients in bed from three to four years, and had never seen a case which was not benefitted generally and locally.

Dr. Ryan said recumbency was the ideal treatment, but it is in many cases impracticable. He had found split plaster jackets efficient after the acute stage.

Dr. Lee said that many years ago, when the plan had fallen into entire disuse, he was the first to adopt suspension from the practice of Dr. J. K. Mitchell. The apparatus was Le Vachor's head support and jury-mast, attached to a chair or go-cart, or to a door-way swing.

Dr. Sayre said that in the cervical and upper dorsal region, a metal posterior

splint supported on the pelvis should be used with a jury-mast, and in the lower dorsal and lumbar regions, a plaster of Paris jacket with a jury-mast. Recumbency should be practiced in the acute stage; children should be placed in the wire cuirass.

Dr. Ketch had been disappointed with the plaster of Paris and jury-mast in the cervical and upper dorsal region. He commended the Taylor apparatus and chin-piece. In the lumbar region almost any supporting apparatus will secure a good result.

Dr. Taylor said that the antero-posterior lever secures rest and protection and combats deformity. Old and neglected cases are especially amenable to treatment, just as ankylosis is later and rarer than is generally supposed. Abscesses and paraplegia do not forbid a favorable prognosis.

Dr. Bradford said that the plaster of Paris jacket was the readiest method, but had its disadvantages, that a steel brace gave better support, but demanded more skill and care, and that recumbency was the surest way to prevent deformity, but, as a rule, was impracticable for the long periods covered by the disease.

Typhoid Spine.—*Dr. Gibney* reported an additional case of typhoid spine, in a man of forty-five years, in which, different from the cases previously reported, there was marked deformity in the cervical region, dating back to typhoid fever at the age of twenty-two. Two years of pain and disability had immediately succeeded the typhoid attack. Usually, the symptoms had not appeared till one or two months after the fever.

Dr. Hadra recalled an epidemic of typhoid with so much tenderness on pressure of the vertebræ that the affection was at first thought to be meningitis.

Rheumatic Spondylitis.—*Dr. Ryan* said that this rare affection should not be confounded with rheumatoid arthritis of the spine. It is usually accompanied by rheumatic manifestations elsewhere. In the early stage, the symptoms resemble those of tubercular spondylitis. Later, the deformity is not angular, but resembles that of senile kyphosis. Treatment should be directed to the relief of pain by support, cautery, and medication. In the chronic form, when pain has lessened, mobility should be encouraged by passive motion.

Dr. Hoadly deplored the confusion which is found in the nomenclature of these conditions, which produce such a variety of results. He thought both rheumatism and osteo-arthritis were microbic diseases. If ligamentous structures interfered with motion, passive motion was proper.

Dr. Lee was reminded of a case which was at first thought to be spinal myalgia, but which proved to be gouty disease of the cartilages, an infrequent affection. Apparatus afforded relief, but of course not a cure.

Dr. Ryan said that gouty spondylitis is generally attended by manifestations in other parts of the body. He had failed to state that his patient had limited respiratory movements.

Dr. Vance related a case in which there was, in addition to the spinal affection, complete immobilization of the thorax with chiefly diaphragmatic respiration.

Dr. Bartow had seen a case in which relief was afforded by the spinal jacket.

Dr. Gillette reported a case which, at the first glance, resembled the deformity of Pott's disease, but which proved to be rachitic in its etiology. Improvement followed a few days after suspension was begun.

Torticollis.—*Dr. Whitman* inferred from the study of 264 cases, that torticollis was more frequent in females than in males, and that the two sides of the neck were equally liable. Acquired torticollis, being often the result of suppurating

cervical glands, should be treated at first by mechanical support to secure rest and prevent deformity. Later, division of contracted parts, with careful after-treatment, should be practiced.

Dr. Hoffa said that cases of fœtal origin have immediately after birth an atrophy of the face and head.

Dr. Whitman thought that the asymmetry of the face and head was a late feature of torticollis due to muscular action on the growing bones.

Sacro-Iliac Disease.—*Dr. Lee* said the sequence of events is as follows: (1) injury of the synchondrosis, (2) subacute inflammation, (3) irritation of the nerves of the joint, transmitted to the nearest plexus, (4) resulting pain in the sciatica. The sciatica should be considered the result, not the cause, of all the trouble. In nine cases out of ten, neuralgia is the effect and not the cause of any trouble. As stooping in sacro-iliac disease is injurious, he had devised a handy instrument with which the patient can pick up objects from the floor while remaining erect.

Election of Officers.—Dr. Benjamin Lee, of Philadelphia, was elected President, and Dr. John Ridlon, of New York, Secretary, for the ensuing year.

PREVENTION OF RETROVERSION

In speaking of the evils which follow retroversion of the uterus occurring after childbirth, Dr. Smith (*Journal of Gynecology*, Sept. 1891) says: "All this suffering could, I believe, be saved if accoucheurs would adopt a few simple rules.

First, to instruct their patients not to lie upon their backs more than for a few minutes, but to turn about freely from side to side and to lie occasionally on their faces.

Second, to give them full liberty to sit up to relieve their bladder and bowels and while taking their meals.

Third, to take care not to allow the bladder to be distended during the first few days, but to order the nurse to pass the catheter every eight hours at least.

Fourth, to abandon the use of the obstetric binder until involution is complete and the patient is up with the uterus anteverted, when she can recover her figure, if she is foolish enough to wish it, with much less damage by tight lacing and forcing down the bowels *behind* the uterus instead of squeezing down the bowels in front of a helplessly retroverted uterus.

Fifth, to order the very simplest case a daily douche of plain or medicated hot water, so that if retroversion does occur it may not be rendered hopelessly incurable by adhesions.

Sixth, to keep the bowels in an easily movable condition so as to avoid forcing the uterus when retroverted still further into the hollow of the sacrum."

SALICYLATE OF SODIUM FOR CORYZA.

The *Journal de Médecine de Paris* gives the following:

℞—Salicylate of sodium, Syrup of orange, aa. . . . . ʒ ss.
Peppermint water . . . . . ʒ vi.—M.

At the onset of the attack a teaspoonful to a desertspoonful should be given every three or four hours.

The Woman's Medical College of the New York Infirmary has received a bequest of $5,000, for the benefit of its library, from the late Miss Sarah Hitchcock.

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

Subscription $3.00 *per annum, payable in advance.*

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JOURNAL PUBLISHING COMPANY, PROP'S., No. 209 Park Avenue, BALTIMORE, MD.
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BALTIMORE, OCTOBER 17, 1891.

Editorial.

A SUGGESTION IN RELATION TO THE INJECTION OF SALINE SOLUTIONS.

In the *Lancet* of Sept. 19, 1891, a correspondent gives the method of the late Dr. Woolridge, of Guy's Hospital. In speaking of its merits, he states that it was Dr. Woolridge's belief that the want of permanence in the beneficial results which attended this injection of dilute salt solution into the veins of the patient, were due to the fact that the injection was made in large amount for a brief period only. He thought that better results would be obtained if a proper vessel, containing a large quantity of salt solution, were hung over the patient's bed, and it were allowed to flow constantly, for a long time, into the vein, the rate of flow being regulated by the effect produced.

Whether this method of *slow* injection has been tried, or whether it can be safely done, we do not know. The extremely brilliant temporary results from *rapid* injection, seem to justify the trial of any method which promises to give similar benefits, without the very sad and discouraging relapse into the original prostrate condition. The slow method ought to supply fluid to the blood, and counteract the effects of the hæmorrhage or intestinal discharge, just as well as the method of rapid injection, and it is possible that it might safely be continued, with a proper nozzle, for many hours, or even for days.

LENTICONUS.

This name is applied to a peculiar alteration in the shape of the crystalline lens, consisting of a conical protrusion of the centre of its anterior or posterior surface. Only a few cases of the kind have been recorded.

In the *Lancet*, Sept. 19th, 1891, Dr. Knaggs reports an interesting case.

The patient, a woman of 65 years, had had good vision until six months before, when she became unable to see distant objects. On superficial examination there seemed to be no abnormality present except a greenish haze of both lenses. With focal illumination, after dilatation of the pupil, there was seen behind the centre of the pupil a greenish-yellow circular opacity, sufficiently defined to be measured (diameter =4.5 m. m.). It was most dense at the centre, but at its periphery blended rapidly with the greenish-yellow tinge of the lens substance. The appearance was not very unlike that presented by nuclear cataract, for which by this method of examination it might have been taken, but the trouble lay, evidently, not in the midst of the lens, but at its posterior convexity. With the ophthalmoscope no opacity nor cloud of the lens could be found, but it was evident that there was a circumscribed bulging out of the lens substance at the centre of its posterior surface. From a careful consideration of the subject and its literature, Dr. Knaggs arrives at the opinion that the trouble is due to a weakening of the lens capsule, which is unable to resist the natural tendency of the lens tissue toward expansion. In some cases it seems to be a congenital defect. It may involve either the anterior or the posterior surface. The bulging is limited to such an extent as will satisfy the expansibility of the lens tissue.

The treatment is various. If only one eye is affected, no interference is justifiable. If both eyes are involved, in a young person, to a serious degree, the lenses may be removed by discission or suction. In later life, and where it results from ill-health, glasses should be prescribed, without operation.

SUCCESSFUL OPERATION FOR FRACTURE AND DISLOCATION OF THE SPINE.

A very neat bit of operative surgery is reported by Dr. Ridenour in the *Med. and Surg. Reporter*, Sept. 19, 1891. The patient, a laborer, 28 years of age, was caught by a beam in such a way that the centre of his back was crushed forwards at an acute angle, the hard as well as the soft parts adjacent being frightfully lacerated and crushed. Dr. Ridenour, arriving half an hour after the accident, found the patient pulseless, with coldness of the skin, sighing respiration, great restlessness and jactitation, frightful pain in the back, loss of sensation and motion in the regions below the level of the injury, and absence of reflex at knees and ankles. There was a depression of fully one inch corresponding to the seventh dorsal vertebra, with absence of the spinal process of the eighth dorsal.

Under strict antisepsis, an incision twelve inches long was made, beginning at the third and ending at the ninth dorsal, separating muscles from either side and exposing the bony roof of the spinal canal from the sixth to the ninth dorsal, inclusive. The muscles were crushed, soft, pulpy, and mangled beyond recognition. The lamina of the seventh dorsal was broken and separated from the body; the transverse process on either side of the seventh was fractured, and

the articulation for the ribs torn completely off; the ends of the ribs projected into the wound; the body of the seventh vertebra was dislocated forwards fully an inch, nearly slipping out anteriorly. The spinous process of the seventh vertebra was split and crushed, that of the eighth was not only split but actually inverted, so that it penetrated and crushed the cord, while its lamina and body were fractured. The cord was crushed by the spine of the eighth vertebra; was carried forward by the body of the seventh; and was compressed at the junction of the seventh with the sixth and eighth vertebra.

The trephine was not needed, as the bones were readily moved. All of the bony roof of the canal, from the middle of the ninth to the middle of the eighth dorsal vertebra, was removed. The body of the seventh was pulled by the finger into position, and all bony prominences were smoothed off. Clots were removed; hæmorrhage was checked; the dislocated ribs were replaced as well as they could be, considering that they had no surfaces to articulate with; strands of catgut were laid along the botton of the wound. The cord was carefully protected from all pressure of every sort. The muscles were sutured carefully on either side; the skin was stitched over them; and a dry dressing was applied.

The after-treatment was uneventful. Sensation returned at once in both lower limbs. On the fourth day, motion was detected in the recti muscles. Urine was passed without the catheter on the seventh day, when control over the sphincter of the bowel was also regained. At this date the wound had healed without suppuration, under three dressings. There was no pain, nor atrophy, nor fever, nor thickening of the joints. The urine remained normal under analysis. The patient walked with crutches in three months. A plaster jacket was applied at the end of the second week and kept on several months. At the end of 6 months (when report was made), the patient was rapidly recovering his bodily vigor, *and there was no deformity.*

Dr. Ridenour ascribes the failure in other cases of this sort to delay of operation till some hours after the accident, and to the compression of the cord by hæmorrhage or other agencies *after the wound is dressed.*

Obituary.

THE DEATH OF PROFESSOR CHRISTOPHER JOHNSTON.

Ripe in years and crowned with the honors of a busy, useful and distinguished professional life, Professor Christopher Johnston died at his residence in this city, on October 11th, in the 70th year of his age. Though he had been known to be in failing health by his intimate friends for several years, his death was not expected and came like a shock to the citizens of this community. We, therefore, are called upon to record his loss with expressions of deep regret and with a keen sense of pain which the unexpected occurrence brings with it. As a man, Prof. Johnston was eminently respected and admired. He possessed many noble and high traits of heart and mind, which endeared him to those who knew the genuineness and true worth of his character. Mentally as well as morally, he

towered high above the average level. His mind was broad and full, and was stored with a rare and uncommon stock of knowledge. His talents were preëminent and in many directions marked with originality and genius. As a surgeon, he was skilful and dexterous and in the time of his active life he held a foremost position in this field of work. As an observer and thinker in the wide range of scientific study, there were few men in this city who could measure up to his standard.

While engaged in the laborious work of a large practice he found time to follow the inclinations of his talents and pleasures and devoted much of his time to scientific studies. His work with the microscope, in pathology, botany and geology were recognized far and near. In the classics, in general literature, and in the liberal arts and sciences he was equally at home and thoroughly informed.

His professional relations were most upright and elevating. The soul of courtesy, of honor and of decorum, he was punctilious and eminently careful in the observance of professional ethics. His example was a model for professional guidance. He had a high ideal of professional honor and duty and his work was characterized by a rigid adherence to the highest standard of professional conduct and *esprit de corps*.

His influence upon the profession in this city will long live, while his fame as a surgeon and as a citizen rests upon a foundation as secure as any which give support to the noble institutions of our city.

For many years Prof. Johnston has been an eminent and conspicuous figure in the medical life of this city. He was an ornament to his profession and though we shall not see him again in the flesh, his memory will long remain fresh in the minds and hearts of many who enjoyed his friendship.

Dr. Johnston was descended from an old Scotch family which settled in Baltimore in 1766. He was born in this city, Sept. 27, 1822, and when quite a youth removed with his father to Cincinnati, where he was educated at St. Mary's College. In 1833 he returned to this city and completed his education. He graduated from the University of Maryland in 1844. After practising his profession in this city for several years, he went abroad and remained three years in Paris and Vienna. In 1855 he was a lecturer on experimental physiology and microscopy in the University of Maryland. In 1858 he held the chair of microscopic anatomy in the Baltimore Dental College. In 1864 he was elected to the chair of anatomy and physiology in the University of Maryland and in 1870 was transferred to the chair of surgery, made vacant by the resignation of Prof. N. R. Smith. In 1881 he resigned the chair and was elected Emeritus Professor of Surgery. His active college work ceased at that time.

He has been president of the Clinical Society of Maryland, of the Baltimore Medical Association, of the Academy of Sciences, and from 1876 to 1877 was president of the Medical and Chirurgical Faculty of Maryland. At different times of his professional life he has been connected with the more prominent medical institutions of this city and with many in other States. His professional position was in the front rank and he had received the highest honors the profession and citizens of this State could bestow upon him.

During his long career he wrote many articles for the medical and secular press on various topics. Both in his work and writings the high character and eminent talents of the man, scholar and scientist were conspicuous.

At a recent meeting of the Edinburgh Obstetrical Society, Dr. H. P. C. Wilson, of this city, was unanimously elected an honorary fellow.

Medical Progress.

A CASE OF DIFFUSE FIBROMA WITH A TENDENCY TO INTRACANALICULAR GROWTH OF BOTH BREASTS.

At the recent meeting of the American Surgical Association, as reported in the *Journal American Medical Association*, Oct. 10, 1891, Dr. Porter related the following case:

Mrs. M., æt. 37 years, resident of Nova Scotia, was admitted to the Massachusetts general hospital. Has had two children, the youngest ten years old. Three years ago she discovered a hard lump in the right breast which gradually increased in size. Three months later the left breast commenced to enlarge. The breasts continued to slowly enlarge until three months ago, when a rapid increase took place and the breasts soon became burdensome by their size and weight. On examination she was found to be pale, emaciated, and with ovarian pains. Right breast, largest circumference 38 inches; length from chest wall to nipple 17 inches; circumference at base 23 inches; Left breast, largest circumference 28 inches, length from chest wall to nipple 14 inches; circumference at base 23 inches. Throughout both breasts were felt movable hardened masses of irregular outline, varying in size from an orange to a closed fist. It was decided to remove the left first. The breast was transfixed at the base with two skewers and constricted below this with a tightly drawn rubber tourniquet. The breast was then removed and but little blood lost. Three weeks later the right breast was removed. Twenty days after the second operation the patient was permitted to leave the hospital to visit friends, but instead she returned to her home, requiring a long sea journey. A week later she developed erysipelas. This had much improved in four days, when she suddenly aborted a five months' fœtus.

The weight of the right breast after removal was 43 pounds, and that of the left 17 pounds, a total of 60 pounds. A resumè of the reported cases was added.

Dr. J. M. Barton, of Philadelphia, reported a similar case on which he had operated, and in which one breast was involved.

Medical Items.

A new journal, to be devoted to the departments of balnology, dietetics and climatology, is announced with Drs. A. N. Bell, Frank Woodberry and G. H. Rohé as the editors.

Dr. Frank W. Reilly, of Chicago, a former surgeon in the U. S. Marine Hospital Service, has been appointed secretary of the Illinois State Board of Health, to fill the vacancy made by the resignation of Dr. Rauch.

Dr. Jas. C. Wilson, of Philadelphia, has been elected to the chair of practice of medicine in the Jefferson Medical College, to fill the vacancy occasioned by the resignation of Dr. J. M. Da Costa.

Dr. Freidrich Schanta, of the University of Prague, succeeds Prof. Carl Braun in the chair of Midwifery in Vienna. He is the author of a manual of operative midwifery and numerous lesser works.

The elector of Saxe-Coburg-Gotha has approved a law fining the father of a lad below the age of eighteen or a girl less than fifteen years old, who goes to a ball, 130 marks.

The daily press announces that it is a common practice in European cities, and even in New York, for ladies to inject different perfumes hypodermically, by which means a perfumed perspiration is produced, which is said to add greatly to their personal charms.

By an act passed during the last session of Congress, all meat exported from this country must undergo a government inspection at one of the five stations provided for by the Meat Inspection Bill. Four of these are situated in the West—South Omaha, Kansas City, Milwaukee and Chicago. It has been decided to establish the fifth station somewhere in the vicinity of Boston.

The *New York Medical Jour.* says: It is gratifying to observe that several of the colleges have established courses in physics, botany, and zoology as a preliminary to medical study. Among the institutions from which we have seen announcements to this effect are the College of Physicians and Surgeons, of Chicago, and the University of Pennsylvania.

Dr. W. R. Lee, who has been made the royal doctor to the King of Siam, is but 28 years of age, and at the age of 24 he was driving an express wagon in Springfield, O., for a living. Dr. Lee was graduated from the medical school of the University of New York, and was originally sent out to Petcheburee, in Siam, by the Presbyterian Board of Foreign Missions.

Dr. Wm. Reagan, a well-known and highly respected member of the profession, died at his residence in Hagerstown on Oct. 10th He was seventy years of age and had spent his entire life in Washington County. He was regarded one of the leading physicians of Western Maryland and for many years enjoyed a large and successful practice.

The recent death of Colonel Frederick A. Conkling, of this city, calls to mind some past history in reference to legalized dissection in this city. The medical profession here and elsewhere are more indebted to the Hon. Mr. Conkling for the passage of the dissection law than to any other legislator. It was by his efforts, while a member of the Assembly, in 1852, that the law of 1854, legalizing the study of human anatomy, became an accomplished fact. It was a hard fight against popular prejudice by Colonel Conkling, but his scholarly and consistent advocacy of the bill won the battle.—*Med. Rec.*

A pleasant gathering took place Tuesday evening at the Johns Hopkins University in honor of the great German pathologist, Professor Virchow, who has just reached his seventieth year. A large number of physicians and other guests in response to an invitation from the medical professors of the University, assembled in the lecture room of the Physical Laboratory, where they were addressed by Professors Remsen, Osler and Welch, of the University, by Professor Chew, of the University of Maryland, Professor Friedenwald, of the College of Physicians and Surgeons, and Professor A. Jacobi, of New York. The speakers one after another related in earnest tones of highest admiration the wonderful accomplishments of this great medical teacher in pathology and anthropology, and his equally eminent services to humanity as sanitary reformer and as legislator, and referred with reverence to the uprightness and the simplicity of his character. The medical profession of all nations may well be proud to claim such a man as its representative, and to celebrate his birthday.

After the addresses were over, a social reunion was held in the gymnasium hall.

MARYLAND MEDICAL JOURNAL.

VOL. XXV. No. 26. BALTIMORE, OCTOBER 24, 1891. NO. 552

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Original Articles.

THE PRESENT STATUS OF THE HYDROCHLORATE OF COCAINE AS A LOCAL ANÆSTHETIC.*

BY ARTHUR D. MANSFIELD, M. D., OF BALTIMORE.

Assistant Surgeon at the Presbyterian Eye, Ear and Throat Charity Hospital.

Cocaine, the active alkaloid of the erythroxylon coca, is here to remain with us. Discovered, at least in all its properties, by Dr. Albert Nieman, of Goslar, in 1885, it has since that time met with universal success as a local anæsthetic. It is in this special branch of its use that I recall to your memories a few facts. The hydrochlorate of cocaine in solution, we all know, when applied to any mucous surface, deadens the acute sensibility of that part and renders it free from all pain, no matter how inflicted. It is not my intention to enter into the why and wherefore, but simply to state such as a fact, proved by experimentation, of which we are all aware.

The local anæsthetic use of cocaine has passed the crucial test of time, has triumphed over the experimental stage and now stands with us and remains in our list of therapeutical drugs, as one that we could not abolish.

The drug is not one that, like many others, came in with a "boom," to be tried by many and shortly to be discarded by all. Like all other remedies, cocaine has its legitimate sphere of action and usefulness, and when used outside such a sphere may lead to unsatisfactory results and awkward complications. It is upon this topic I wish to call your attention, and I am sure that none will disagree with me when I say that the legitimate sphere of usefulness of cocaine is

*Read at the 729th meeting of the Medical and Surgical Society of Baltimore, Oct. 8th, 1891.

par excellence, in ophthalmic surgery and in operations of the nose and throat. Before proceeding to enumerate in detail the uses of cocaine as an anæsthetic, it may be well to remind you of a few precautions in its use.

Cocaine when used should always be pure and the solutions used free from fungi of all kinds; to prevent this, addition of boracic acid is necessary. Cocaine solutions should be used in about 3 or 4 per cent. solution to be effective when used in ophthalmic work, and throat and nose operations somewhat stronger.

The following is a good formula:

℞.—Hydrochlorate cocaine . . . . . grs. xx.
Pulv. acid boric . . . . . grs. x.
Aqua Dest. . . . . ʒ j.

M. Sig.—Use as a collyrium.

Such a preparation will remain pure for a very long time.

In minor surgery, ligation of the part is always essential and free hæmorrhage allowed subsequent to the operation to prevent any undue absorption of the cocaine, thus bringing about complications more or less serious from cocainism.

These two points it is essential to remember in the use of cocaine in minor surgery, when the circulation can be temporarily excluded from the part. It should always be remembered to use an antiseptically clean syringe in making any injection of cocaine, thus preventing suppuration subsequent to the injection.

It has been found experimentally that a 4 per cent. solution of the drug acts more efficaciously in minor surgery than any other per cent., because larger percentages of the drug necessarily must be more concentrated, and the drug does not reach such a large area as in the weaker ones, and besides, the weaker the solution the less likelihood of its producing any toxic symptoms.

Cocaine should be cautiously used when local anæsthesia is to be brought about in a part in which the circulation cannot be arrested. I have had some small experience in the use of cocaine as a local anæsthetic in minor surgery, both here and abroad, in the removal of three ingrown toe nails, two of which I operated upon in Berlin, one in private practice; in all the cases the results and the proceedings were eminently satisfactory to myself and my patients. My plan was to ligate the toe with a stout piece of elastic tubing and make injections of a 4 per cent. sol. of cocaine into the substance of the digitus pedis and after complete anæsthesia was produced, remove the nail by the median incision, the patient evincing no pain whatever. The amount of cocaine required varies with the operation, but about 30 or 40 m. suffice to remove the ingrown toenails.

In removing fingers after severe injury, less pain is experienced if the injections are made though the wounded surface. Individual susceptibility to the drug is of frequent occurrence, frequent enough to surround the use of the drug with precautions, though not any contra-indication to the use of the drug.

Objections we hear to all things, and to the use of cocaine the objections follow, and chief among them is the indication of the cocaine habit.

It stands foremost in its use in ophthalmic surgery. We instinctively associate cocaine and the oculist, as inseparable one from the other as any two things can possibly be. If you asked an oculist how he could dispense with cocaine, he would tell you he could not. It is in this drug that the ophthalmologists find the anæsthetic par excellence; nothing can take its place.

To tell you where and under what conditions cocaine is employed would but be to give an account of every operation done by the surgeon upon the eye except the removal of the organ and even then it performs half of the work while the remaining half needs the general anæsthetic.

It is in this branch of medicine that we find cocaine doubly useful, both bulwarks of our science—I mean the mydriatic effect of the drug—and the anæsthetic properties. There is one other condition in which cocaine cannot be used, and that is in the operation of iridectomy for acute glaucoma, for there the mydriatic cocaine is contra-indicated.

It is useless to attempt to name the conditions in which cocaine is indicated in eye work; it would only be to name every condition except glaucoma and enucleation. But cocaine has other uses besides that of its anæsthetic properties; it is also a mydriatic taking the place of atropia, though not so powerful; it can be used as a diagnostic means and can be used in connection with homatropine as a transitory mydriatic in testing for glasses and correcting errors of refraction and in paralyzing the accommodation.

It is more than essential to have a pure solution in using cocaine in the eye; it is necessary absolutely, and it should not be continued too long, as it causes a drying of the epithelium of the cornea and consequent desquamation. But this latter seems useless as the operations on the eye are more protracted, the precaution being applicable to the previous instillation, which should be from five to ten minutes previous to the operation and the eye-lids being closed during the action of the drug.

In aural work cocaine does not find such brilliant results as in eye work, and Dr. Randall finds brucine to excel cocaine as a local anæsthetic and morphine and atropine as an analgesic.

In throat and nasal work cocaine again finds its legitimate sphere both in the study, allowing manipulation without any uncomfortable effect upon the patient, and in the treatment of abnormal conditions.

The attestations of J. Solis-Cohen and Carl Seiler, in reference to its anæsthetic properties in operative procedures, render it acceptable to us as a valuable agent in nasal and pharyngeal work.

Cocaine anæsthetic as a panacea to those afflicted with laryngeal tuberculosis is a veritable "God-send" in allowing the passage of food stuffs for nutriment. Cocaine anæsthesia renders the exploration of the larynx easy, excision and scarification of the tonsils, removal of pharyngeal neoplasms, elongated uvula, etc., easy and painless.

In genito-urinary surgery cocaine should be used with more than ordinary care, as it is in these cases that the untoward effects of cocaine have been observed.

If I may be allowed to make the suggestion, I might say that cocaine in solution has been used to allay the excessive irritability of the mucous membrane of the urethra in the passage of bougies and sounds; in such cases the cocaine should remain in contact with the mucous membrane but a few moments, as the absorption is very rapid.

In operation for circumcision, cocaine anæsthesia can be produced when the circulation is controlled.

In the removal of venereal warts and cauterization of venereal sores cocaine is useful.

For anæsthesia previous to internal urethrotomy there are conflicting opinions, the weight of opinion being that cocaine should not be employed indiscriminately and without a full knowledge of the possible risk.

I give you these data in reference to genito-urinary procedures for what they are worth, being unable to confirm them by any personal experience.

In gynæcological practice the drug cocaine has a limited sphere of usefulness (about the only one I know that has).

Cocaine anæsthesia can be used for removal of stitches from the vaginal wall of a previous operation and used for examination of highly hyperæsthetic women.

To recapitulate—cocaine finds its greatest use in ophthalmic work, where it is employed for every condition except iridectomy, for acute glaucoma and in neurotomy for enucleation. It finds a double sphere as a mydriatic and as an anæsthetic.

In aural work it is excelled by brucine on account of the absence of any distinct mucous surface.

In pharyngeal and nasal work it is of the utmost value in operative procedures and in diagnosing diseases.

In minor surgery it its efficacious only where the circulation can be excluded from the part, and then it is of the greatest efficacy.

In genito-urinary surgery its usefulness is again limited on account of its too rapid absorption and fear of toxic symptoms.

The precautions in using cocaine should be a pure solution, not using a too strong solution, and an antiseptic syringe when injections are used hypodermically.

In ophthalmic practice it should be remembered that a long continuance of the use of the drug causes drying and desquamation of the corneal epithelium.

129 S. Broadway.

THE OPERATIVE TREATMENT OF APPENDICITIS.*

BY THOMAS S. K. MORTON, M. D.

Mr. President, Ladies, and Gentlemen: Since being requested by the directors a few days since to open the discussion of the Operative Treatment of Appendicitis, I have taken a glance through the literature of the subject in order to offer, as it were, a consensus of opinion regarding the present status of the subject, as well as to draw conclusions from such personal experience as has fallen to my lot in this direction. Now I find myself embarrassed by the necessity of limiting my remarks to the few moments which are at my disposal and to crowd into them even bare mention of the most salient facts. Hence much must be entirely omitted and other points given scant attention.

The discussion being limited to operative treatment, pathology and diagnosis —perhaps the most interesting branches of the subject even to surgeons—are not to be touched upon except incidentally. But I cannot refrain in passing from saying that as the ratio of appendicular to cæcal inflammatory affections is probably 100 to 1, hence that *differential* diagnosis in diseases of this region, which is usually impossible prior to surgical interference, is neither necessary or important, as operative procedures up to the point of establishing diagnosis are identical for all affections of the cæcal region. Again, I would condemn without qualification needle explorations as an aid to diagnosis. The procedure is inherently dangerous, and will furnish no indication that cannot otherwise be obtained.

The number of cases of appendicular disease discovered when we are upon the outlook for them is astonishing. A large proportion of peritonitic cases in males, and especially in children, arise from this disorder; and in all cases presenting abdominal pain, whether acute, chronic, or recurring, no matter where referred, we should think of and examine for possible appendicitis. I have

*Read before the Philadelphia County Medical Society, at a special meeting, September 28, 1891.

come to be very skeptical of such conditions as are described as abdominal "cramps," "colic," etc., particularly when of frequent recurrence. Curious as it may appear, yet it is a fact that the great majority of the profession are only now beginning to recognize cases of appendicitis and its consequences as such. Formerly the affection was almost universally diagnosed as anything else except itself. But just in proportion as the disease continues to be more certainly recognized, so surgeons are more early operating upon cases which demand interference, and, as a consequence, the mortality from the disease, as well as from the operation, is very rapidly on the decline.

Keen has said that "the first indication in appendicitis is to call a surgeon;" that the physician, who almost invariably first sees the case, and the surgeon may together watch the case, and if operation becomes necessary, interference may be prompt and well timed; while the surgeon will have the great advantage of being already familiar with the case and not disposed to delay the operation that he may acquire such familiarity. Again Mynter has well said that "we are utterly unable to judge correctly from symptoms alone of the extent and severity of appendix lesion, and for this reason alone abdominal section is and must be the safest method of treatment" in many cases.

When shall we operate? Judging from the case that I have observed and from the writings of others, I would formulate as a good working rule: To operate not later than the third day of disease, if the patient up to that time has failed to markedly improve under rest, restricted diet, purgation, and topical applications. Especially should this rule be adhered to in cases where we have failed to move the bowels—these are apt to be the fatal ones. Further than this, we should invariably operate as soon as the presence of pus is assured; when peritonitis is developing or spreading; when signs of sudden rupture of an abscess into the peritoneal cavity appear; and where septicæmia from septic absorption is taking place. In children operation must often be performed earlier than in adults, as with them the malady is more speedy in development, more fatal in tendency, and shows a greater proclivity to involve the general peritoneum.

But let me emphasize the point that *pain* is not a reliable symptom (especially when opiates have been administered), from which to judge as to whether the patient is better or worse; most weight should be given to the strength, temperature and condition of the bowels, stomach and general abdomen.

Mr. Treves urges that operation shall not be done until the fifth, sixth, or later day. But from my reading and experience I think this is too late. He argues thus because few deaths occur before the fourth or sixth day. These cases, however, really begin to die third, fourth, or fifth day, although death may not actually take place before the sixth or later day when the possibility of benefit from operation has passed. If the case is progressing well and operation is being postponed it should be watched and observed frequently and most carefully. For we cannot predict at what moment an appendix abscess may perforate into the peritoneum or other dangerous complication arise that will instantly demand operation.

If the case is operated upon early the chances of recovery, as a rule, are exceedingly good. The mortality of appendicitis during the first forty-eight hours is almost *nil*, and the operative death-rate at that time is equally low. Later both rates increase, but the former much more rapidly than the latter. The patient, in this disease, is generally strong and well up to the moment of seizure, at which time the danger of operation, *per se*, is at the minimum. Such mortality as results in operations for appendicitis, has been mainly incident to undue delay. When phy-

sicians and surgeons generally have learned definitely to recognize such cases as are operative at a time before the vital forces have been too much sapped or dangerous complications have arisen, then will the mortality rate of both disease and operation remain steadily at a low figure.

Then again the local conditions from an operative standpoint are much less serious in the early stages. We have at first simply a swollen appendix with infiltration and perhaps a few adhesions. We then do not have to deal with fetid abscess, foul surroundings, and sloughing tissues which may have given rise to intestinal gangrene and other complications, as well as to the impossibility of securing primary union of the wound. Hernia is more common as a sequel in cases where the operation is performed late and where the surroundings are gangrenous and we can only secure healing by secondary intent.

The cry of every writer is for earlier operations. I have found no surgeon who regrets having operated early, but almost all mourn cases that were operated upon too late. No case appears where a mistake in diagnosis has been made, despite the awful array of affections which has been drawn up as liable to render uncertain the recognition of appendicitis. On the other hand, very many cases opened with the expectation of finding other disorders have proved to be appendicitis.

Who shall operate? The operation for appendicitis may prove to be the most easy; but it is never trivial, often trying and sometimes even baffling the skill of the very best abdominal surgeons. Hence he who undertakes operation for the removal of the appendix for disease should be equal to dealing with any of the complications and emergencies of abdominal surgery. There is scarcely a complication which occurs in abdominal disease that may not be met with in operations upon the appendix. If a man knows only how to reach the appendix it is not enough; he must be able to cope with any accident or emergency that may arise. Therefore he must have had training in general abdominal surgery.

How shall we operate? There are two classes of cases to be dealt with. First, the acute, where there is perhaps abscess, perforation or general peritonitis; and, second, those where operation is undertaken in the interval between acute attacks as a prophylactic measure. The indications for the latter will be considered separately further on.

The preparations for the operation are usually of a hurried nature on account of the active nature of the disease and the sudden determination that operation has become imperative. Previous purgation, if successful, will make the chances of recovery much more bright, no matter during what stage of the disease operation is performed. Cases where the bowels have been kept open from the outset of attack are always most favorable. Locally the abdomen should be cleansed as for any other operation.

All writers now agree that the incision should be lateral. Median incision is only permissible when diagnosis from other abdominal disease is not clearly made out, as where we have had suddenly developed, violent peritonitis arise without obvious cause. Even should the median incision have been made and the affection prove to be appendicitis, especially if septic, a lateral incision should still be resorted to, for it is exceedingly difficult and dangerous to drain septic appendicitis cases through a medium incision, and often it is impossible to deal with complications, or with the appendix itself, except by the more direct route. I am of the opinion that almost any complication arising from appendix or cæcal disease can best be dealt with through the lateral incision. No writer has regretted making the lateral incision, although many have regretted entering through the linea alba.

This incision should be about three or four inches in length and terminate one inch and a half above Poupart's ligament. It should be carried down to its full extent through the right linea semilunaris until the peritoneum is reached, avoiding if possible the epigastric artery, which normally would be situated to the inner side of the lower extremity of the wound. I have seen serious secondary hemorrhage from division of this artery. Having reached the peritoneum, if one does not at once get into an abscess cavity we must exercise great caution not to open the gut by mistake. Sometimes adhesions will be found binding intestine to the peritoneum in the line of incision, and in these cases it is well to go at once to the lower or upper extremity of the wound, get into the general peritoneal cavity and work upward or downward, as the case may be, to the cæcum, when all adhesions can be separated by the finger or knife and the peritoneum opened to the full extent of the external incision. Of course the incision should be increased in size if there is any difficulty in getting into the peritoneal cavity, or subsequently if difficulty arises in any manipulation from lack of working room. But as a rule the smaller the incision the better, because of the less risk of subsequent hernia. The head of the colon is then sought out. If now it is found difficult to determine the site of the appendix, the longitudinal muscular bands of the colon may readily be followed down to their termination in the root of the appendix. Then by careful manipulation one can usually trace the appendix, even through a mass of dense adhesions, and dissect it out. As a rule, in acute cases the organ will be found more or less free in the cavity of an abscess with its tip perhaps adherent to omentum or bowel. The appendix is to be dissected out with the finger, and often we do not see it until it is brought out of the wound ready to be ligated off. This manipulation closely corresponds to the modern one of removing the uterine appendages.

Now, what shall be done if the appendix is found to be bound down by a dense mass of adhesions, and if it would take a long dissection and endanger life from the time required to complete the operation? Under these circumstances I would advise that the appendix be left alone rather than run any great risk of the patient's life to complete an ideal operation. We are often compelled to operate to save life, and that alone, even if we do run the risk (as of leaving the appendix) of recurrence. I do not regard the operation as complete in any case unless the appendix is removed, and we should never hesitate to dissect out or remove the organ simply for fear of opening up the general peritoneal cavity.

Cases of recurrence of, with great violence of symptoms, are upon record where operation had been performed and the appendix not removed. Here, again, we have a parallel with the removal of the uterine appendages. Who considers that he has done a complete operation when he simply drains a pyosalpinx? yet there is a small (but constantly decreasing) proportion of these cases that must be so treated rather than endanger life by prolonging operation, shock, and anesthesia.

If the appendix can be excised, the question arises as to how we shall deal with it after separating all adhesions. In septic cases it will be found usually impossible to investigate the stump, after cutting away the appendix, into the cavity of the cæcum and the remaining approximate peritoneum opening. Where we operate between attacks, the appendix, as a rule, can be dealt with in this manner and the investigated stump retained by a few Lembert sutures approximating the surfaces of the cæcum over the aperture. When, however, the organ and its surroundings are swollen and gangrenous the conditions are such that it is generally impossible to investigate the stump. It has seemed quite sufficient in these septic cases to ligate the appendix a quarter of an inch from its root with strong silk,

and then cut off both the appendix and the ligature ends. But ligatures will neither become absorbed or encapsulated where septic conditions are present, and I have seen the threads coming out of the wound months afterward from a persisting sinus or by ulceration. So it occurred to me that we might resort to the old surgical procedure of leaving one end of the ligature hang out of the wound.

That experiment I am now trying in a recent case. Chronic ligature sinuses assist in the production of hernia by interfering with solid union.

Frequently the appendix will be found with a mes-appendix. This should be ligated *en masse* or in sections, and cut away from the appendix. Then the appendix is ligated at its base and removed. Removal of the appendix is almost universally recommended, but Mr. Treves has simply straightened an appendix which he found angulated by adhesions and left it in the wound. Mr. Tait has practiced in more than one case splitting open the appendix and inserting a fine drain tube into it. From these instances it will be seen that there exists in some minds an almost superstitious fear of removing the appendix. Certainly no sentiment can exist concerning the ablation of the appendix such as there is in regard to the ovaries and Fallopian tubes? Having the appendix once in hand, it does not add to the dangers of the operation in the least degree to remove it, while recurrence of the disease is thereby rendered impossible.

Occasionally the appendix is found to have sloughed off at its root, leaving a ragged opening into the cæcum. In one or two cases the edges of the opening thus left have been inverted and closed successfully by Lembert sutures. In others the wound was left entirely open and packed with gauze; an intestinal fistula or artificial anus formed, but in time closed spontaneously. Yet another required a subsequent operation and Lembert sutures before it was cured.

Some surgeons recommend that in septic cases a little flap of peritoneum be sewed across the stump, or that it is to be tucked under a bit of omentum. I can see no advantage in this. It prolongs the operation and does no good, while by so doing we risk the formation of a secondary abscess pocket. Very many appendix stumps have been simply dropped into the wound again after ligation; fecal fistulæ did not form and the wound closed satisfactorily.

Any portions of gangrenous omentum presenting in the wound should also be ligated beyond the junction with healthy tissues and cut off.

Any small openings into the peritoneal cavity may next be sewed up carefully if the general peritoneum does not require drainage.

Then in regard to irrigation. If the general peritoneal cavity has been opened extensively, or if it is septic, it should be thoroughly washed out through the lateral incision. If it has not been involved, the abscess cavity and wound alone should be irrigated. Under the latter circumstance we may employ a strong bichloride solution, but if the peritoneum is to be flushed nothing but water should be used.

If the general peritoneum has been septic or extensively opened or manipulated it is essential to use drain tubes to the base of the pelvis. The ordinary straight glass tubes do not answer well, and rubber is not satisfactory. Here I have a collection of angulated and curved glass tubes, most of which have been used with great satisfaction in appendix cases. The angle makes it possible to get the tube to fit well over the brim of the pelvis, yet not to project awkwardly from the lateral wound. By attaching a few inches of rubber tubing to the end of the ordinary cleansing syringe the bent tube can readily be cleaned.

The suturing of the wound is especially important if the case is *not* a septic one. Then the tissues should be sutured, layer by layer; this gives the best as-

surance of firm primary union and the avoidance of hernia. If, however, the wound is septic and drainage or packing is employed, secondary union is inevitable. But I would still urge that the wound be as carefully sutured as possible in all cases, leaving ample room for exit ofthe drain-tube or packing. And I might say, in passing, that simple packing with strips of double cyanide or iodiform gauze will be found to answer all purposes of drainage in cases where the general peritoneum does not also require drainage.

Some surgeons advise using no stitches in septic cases, but simply packing of the entire wound with gauze. But by suturing we can usually secure primary union in a portion of even a foul wound, and temporary stitching has appeared to give a certain anchorage and support to the subjacent intestines, which, when the sutures are removed, is more or less retained. The stitches, of course, are to be removed, one or more at a time, when swelling, infiltration, tension or deficient drainage become apparent. Strips of adhesive plaster should be employed to give the wound support and approximation during granulation.

Complications such as gangrene of intestine or mesentery, must be dealt with upon general principles of abdominal surgery. If intestinal obstruction complicates the case, the site of obstruction should be ascertained, and the condition relieved, if possible, before closing the wound. Cases in which obstinate constipation has existed up to the time of operation, should be examined during its performance for possible obstruction.

Should peritonitis develop subsequent to operation, and not speedily yield to active purgation, the wound must be reopened, and the abdominal cavity irrigated thoroughly and drained. Continued obstruction could probably be best dealt with through a new median incision rather than through the original wound.

As soon as the patient comes out of ether, if the bowels have not been well emptied before operation, it is my custom to at once begin the administration of one-eighth grain doses each of calomel and podophyllin, at twenty minute intervals, until purgation is accomplished. This usually takes but a very few hours. Later, salines may be employed if required.

Full strength peroxide of hydrogen solution has given me great satisfaction for cleansing and washing the wound cavity when suppuration commences and sloughs are forming—it greatly facilitates the separation of the latter.

Persisting fecal fistulæ usually close spontaneously in time. Should they not, then reopening of the parts several months later, and suturing of the cæcal or other opening with Lembert sutures is indicated, and has proved successful in several instances.

In conclusion, let me say a word in regard to operations undertaken in the interval between acute attacks, or, what may be termed *prophylactic operative treatment.*

The indications for this measure are: Constantly recurring attacks (usually indicative of the presence of a foreign body in the appendix), which interfere with the individual gaining a livelihood, or render his life a constant burden, worry, and expense to him; also, where recurrent attacks have taken place in those, as seamen, hunters, explorers, etc., who are liable to be again attacked when they may be out of reach of adequate surgical aid. In this class of patients, operation during quiescence of the disease should be considered, and perhaps urged by the medical attendant. In most other cases, I do not think excision of the appendix should be often attempted in the quiescence period. We should rather counsel delay until the onset of the next acute seizure, when we can conscientiously urge the removal of the offending organ at once—that is, on the first or second day.

This advice is given principally because of the great difficulties and dangers frequently encountered in operating during the intervals of attack when the adhesions are extremely dense. In fact, patients have died as a result of the long time required to complete the operation, because of the elaborate dissection required to free the appendix from its matrix of densely organized adhesions. In several instances the very best operators have been compelled to abandon these operations in the interval of attacks, not only without having been able to remove the appendix, but also without having been able to discover the organ in its bed of adhesions.

Society Reports.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD THURSDAY, JUNE 11, 1891.

The 728th regular meeting of the Society was called to order by the 1st Vice-President, Dr. F. C. Bressler.

Minutes of previous meeting read and approved.

The following gentlemen were elected to membership: Dr. W. B. Perry, Dr. O. S. Mahon, Dr. E. B. Fenby, Dr. Arthur H. Mann, Jr., Dr. Chas. M. Morfit, Dr. D. V. Moyer, Dr. F. Dyer Sanger.

Dr. David Street related a case of ANTE-PARTUM HÆMORRHAGE. Mrs. V., æt. 30, pregnant for the fifth time in seven years, healthy in appearance and at about the end of seventh month of utero-gestation. Her previous four confinements were of short duration and perfectly normal.

Was called to see her on June 10th, about 12 P. M., and learned that she had been active as usual about her household duties, that about 10 A. M., while out walking, mild labor pains came on and continued, very moderately, until late in the evening, when they disappeared.

She retired at 10 P. M., feeling quite well, and at 11.30 was awakened by what she thought was urine flowing from the vulva. On lighting the gas, she discovered her clothing and bedding stained with blood; feeling a desire to urinate, she discovered, on rising, about a pint of blood in the vessel.

Examination showed patient with good color, pulse 85, with mild uterine pains, and blood flowing in alarming quantity from the vagina; cervix uteri long, external os large and open, internal os well marked and firm, and neck thick. Sweeping the finger around inside the uterus as high up as could be reached revealed nothing unusual. A diagnosis of accidental detachment of a normally implanted placenta was made. ʒi of Squibb's fl. ext. ergot was administered and medical aid summoned. By the time assistance arrived the hæmorrhage had ceased, uterus was firm and membranes tense.

It was decided to continue the ergot and await developments. Uterine contractions increased and the first stage of labor was completed, without anything unusual occurring, at 2 P. M., on the 11th, making 14½ hours from the time she was awakened; the duration of the second stage was 15 minutes and the third stage about 3 minutes. Presentation vertex, position L. O. I. A.

Placenta appeared at the vulva immediately after the birth of the child; it was expelled without the use of any traction. Large, black and firm clots followed the placenta, some as large as a tea-cup. A large clot was attached to the placenta at one edge and dipped down to the bottom of sulci between the cotyledons and could not be detached without force. At the bottom of the sulci, the placenta was somewhat torn.

Dr. Streett, continuing, said he could not determine whether this tearing of the placental tissue was ante-partum or whether it was post-partum and due probably to compression of placenta during expulsion.

A point of interest is the source of hæmorrhage. Some of these cases are due to nephritis—the soft placental tissue having vessels where the walls are evidently degenerated and rupture during the course of the nephritis, much the same as those of other parts of the body. There was in this case a history of the patient (on June 9th), feeling somewhat strained on boarding a street car. Could it be that at this time the placental vessels were ruptured, and clots formed and that the subsequent hæmorrhage was due to muscular action, the blood then finding its way externally? He was much impressed with the gravity of these cases. In the last 12 or 13 years he had seen six cases of this kind. One died within 15 minutes after his arrival and before she could be delivered. His confrere, in this case, introduced his hand and found detachment of the placenta. He had found ʒi doses of fl. ext. of ergot to be of service in these cases.

Dr. Wm. H. Morris said Dr. Streett does not tell us whether or not any efforts at abortion had been made in these cases. He had a case similar to these some time ago, from injury, and there was a clear case of trauma. These are points of interest, and it is to be regretted that Dr. Streett did not enter more fully into the etiology. He was fully in accord with the treatment used and has found, in a practice of over 35 years, that ergot used judiciously in such cases acted well and promptly, notwithstanding the fact that most obstetricians, to-day, teach that ergot should not be used until the uterus is empty.

Dr. E. M. Reid said in using ergot in these cases, at term, where the os is not fully dilated, he thought small doses of 10 or 15 minims would suffice to lessen the interval between the pains and to keep up general contractions, and that the large doses should be reserved until after the delivery of the child. In one case of ante-partum hæmorrhage at 6 months he tamponed the vagina and removed the packing in 24 hours; the case went on to full term. This shows that packing the vagina is not *always* dangerous. The simple question is that you are to exercise judgment and treat each case on its own merits; you cannot lay down any infallible rules to govern all these cases alike. If you watch them and are attentive, you can tide them over. When a woman has lost a large amount of blood, she is not in condition to be subjected to any heroic treatment; he has seen cases, where to have proceeded at once to induce labor, would have been fatal. If you can tide over your case until your patient can make up for this loss of blood, she will then be in better condition to be subjected to induced labor.

Dr. J. W. Chambers said he thought in a case where a woman was bleeding alarmingly, the only safe plan to pursue was to empty the uterus immediately. He did not think that ergot does good except to close the vessels. As to packing the vagina, he thought the day of the tampon was over; it hides the hæmorrhage and has a moral effect on the patient, but the hæmorrhage is going on all the same.

Dr. David Streett said as to attempts to do abortion, these cases were in ladies of family and were all near term, so that abortion was not to be thought of, as there was no possible motive for it. An interesting point in these cases is after giving ergot. When should the membranes be ruptured? In two of these cases the membranes were ruptured, in three the membranes were not ruptured until the os was well dilated. In all five the labor proceeded normally after the hæmorrhage was controlled. He thought that if the integrity of the membranes could be maintained, we have a better chance of controlling the hæmorrhage.

Dr. A. V. Gosweiler read a paper entitled

INFANTILE PARALYSIS.

Dr. Wm. H. Norris said Dr. Gosweiler has given us an exhaustive paper on this interesting subject. The differential diagnosis between infantile paralysis and other forms of paralysis is important. When called to a case we must diagnose between it and multiple neuritis. The latter is more frequent in the adult while infantile paralysis or polio-myelitis is more frequent in children. Another point to bear in mind is that multiple neuritis attacks the upper extremities more frequently, while polio-myelitis most often attacks the lower extremities.

Dr. F. C. Bressler said Dr. Gosweiler's paper is so exhaustive that there is little to say. The name infantile paralysis is an unfortunate one, as it is meaningless and does not convey anything to the mind. Polio-myelitis, on the other hand, conveys to the mind a definite idea as to the lesion and is to be preferred on that account. There must be some reason why this disease occurs more frequently in children than in adults. An explanation may be found in the rapid development of the spinal cord, in proportion to the other parts of the body in childhood. Trauma is seldom a cause. He thought it probable that it was an infectious disease. The characteristic feature of the disease is the immediate paralysis, its subsequent developments being improvement. He doubted if any cases get entirely well. If we have a destruction of a nerve cell, he could not see how it could be replaced or renewed.

Dr. E. M. Reid reported a case of CONVULSIONS IN A PREGNANT WOMAN. He said he wished to present this case because of its medico-legal aspect. On the 24th of May, was called to see a lady with convulsions, who was 6 months pregnant. She had had two convulsions, was having one at the time of first visit and had one afterward. Her face was swollen and œdematous; in fact the whole body was anasarcous. A small quantity of ether was used to control the convulsions and as soon as she could swallow she was placed on fl. ext. jaborandi ʒ ss. every four hours, also ʒ ss. doses of cream tartar every six hours. The jaborandi was followed by profuse sweating and the cream tartar produced copious stools. A test of the urine showed it to be almost solid albumen. She is now taking inf. digitalis ʒ ss. every four hours. The swelling has disappeared now and it can be scarcely recognized, even about the ankles. There is a disappearance of the albumen also.

The consensus of opinion seems to be that the os should have been dilated and she should have been delivered as soon as the convulsions came on. But the question arises, should you induce premature labor when you find solid albumen? What is the proper mode of procedure in cases of this kind? At first she passed about two onces of urine in twenty-fours, now she passes from one to two pints daily. In the event of a patient's doing apparently well under these circumstances, should we proceed to carry out the rule and produce premature labor?

Dr. F. C. Bressler said when Dr. Reid gets home to-night if he should learn that his patient had died, what effect would the blow have? If she passed two pints of urine yesterday and one pint to-day, he had better induce labor and put her out of jeopardy. It is true that in most of these cases of nephritis in pregnant women, they are due to previous attacks, but if it were his case he would empty the uterus.

Dr. J. W. Chambers said the question for Dr. Reid to determine is this: if the condition of the kidneys is due to the pregnancy, then the uterus should be

emptied. If it is an acute nephritis, independent of the pregnancy, then the proper treatment is to do just what he is doing. The solid albumen was shown *after* the convulsions. Now it becomes a question whether the albumen was not the result of the convulsions, rather than the cause of them. He thought if he should be called to see a woman with convulsions in the 6th month of pregnancy, he would induce labor and empty the uterus.

Dr. Reid said by what means can you determine what is "reasonable care and skill?" It would be well to have the opinion of those who are experts in this branch of obstetrics. When the science of medicine reaches such a stage, where we can lay down absolute rules, then we may proceed to carry them out in any given case. Under similar circumstances, a gentleman induced labor on the grounds that it were best to empty the uterus; he lost both the child and the mother. Was this "reasonable care and skill?" Yet he was carrying out the rule. So far this case is improving and it seems to be a case of acute Bright's disease, coincidental with pregnancy. It is now pushing on to the seventh month and you know that a six month's child rarely survives after an induced labor. Her condition, to-night, is the same as the vast majority of cases of pregnancy are in; there is a small amount of albumen and no œdema.

J. Wm. Funck, M. D., Secretary.

1710 W. Fayette St.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCTOBER 2ND, 1891.

The 254th regular meeting of the Clinical Society of Maryland was called to order by the President, Dr. Hiram Woods, in the chair.

The minutes of the preceding meeting were read and adopted.

The annual reports of the officers were then presented. The Executive Committee's report, through the chairman, Dr. W. S. Gardner, showed an increased attendance of members and of interest in the papers and discussions before the Society.

The Corresponding Secretary, Dr. C. O. Miller, had no regular report.

The Treasurer, Dr. Geo. A. Fleming, reported the Society to be in a prosperous condition, there being $154 over expenses for the fiscal year.

The Finance Committee reported through its chairman, Dr. N. G. Keirle, that there was $770.04 to the credit of the Society, April 1st, 1891.

Dr. Gardner nominated for membership, Dr. Gustav E. Geiske, City Hospital, and Dr. L. G. Smart, 606 St. Paul St.

Dr. Fleming nominated Dr. K. B. Batchelor, 605 Cathedral St.

The Society then elected the following officers for the ensuing year:

President, Dr. Robt. Johnson; Vice-President, Dr. R. B. Norment; Rec. Sec., Dr. Henry E. Gale; Cor. Sec., Dr. Edwin K. Ballard; Treasurer, Dr. W. G. Townsend. Executive Committee, Dr. W. S. Gardner, Chairman, Dr. V. L. Norwood and Dr. L. F. Ankrim. Finance Committee, Dr. Geo. H. Rohé, Chairman, Dr. Wm. Green and Dr. N. G. Keirle.

The President, Dr. Robt. Johnson, then took the chair and made a short address, thanking the Society for the honor conferred upon him.

Under the head of miscellaneous business, Dr. Herbert Harlan moved that the President appoint a committee of three, to report at the next regular meeting, to take suitable action on the death of Dr. Edmund R. Walker. Dr. Gardner

moved that Art. 3, Sec. 3, of the constitution be amended so that a stenographer may be employed to make full report of the papers read before the Society for publication in the medical journals. After some discussion it was agreed that it was not necessary to amend the constitution and the substitute of Dr. Michael to employ a stenographer for the next three meetings, his compensation to be hereafter fixed, was accepted.

There being no further business, the Society then adjourned.

HENRY E. GALE, Recording Secretary.

THE ANTIQUITY OF RHEUMATISM.

A very valuable find of skeletons has been made in Egypt by Mr. Flinders Petrie, who has recently opened a number of tombs previously intact at Medum, belonging to the beginning of the fourth dynasty. This is the earliest known date of Egyptian remains, and that to which the Egyptians ascribe themselves. The skeletons are well preserved, but tender and friable. Some of them bear unmistakable evidence of rheumatic changes, and consequently indicate that at that very remote period man was subject to and suffered from this, as is now shown from its antiquity, venerable disease. No ornaments or objects of art, except occasionally some rough pottery or a wooden headrest, were found with these remains. The greater number were interred in a contracted position with the knees drawn up to the breast; even when the tomb was long enough to allow burial in the extended position, the body was placed on the left side, wrapped in linen cloth, the head always to the north and the face to the east. A few, however, apparently the bodies of the highest class or race, were interred in the extended position along with vases of stone or pottery and headrests. At this period there is no trace of mummification. The essential difference in the mode of interment seems to point to difference of race, and it is probable that the contracted burials are those of the prehistoric race of Egypt, while the dynastic race were interred with the body extended. It is extremely interesting to find these contracted burials common at so early a date in Egypt, as a similar mode was adopted by the earliest inhabitants of Great Britain. Mr. Petrie has brought the skeletons to England, and deposited them at the College of Surgeons, where they are being treated so as to strengthen them and render them available for the anatomical investigation which Mr. Petrie intends to have made in order to determine, if possible, their ethnographical affinities. When this is done we shall doubtless also have a full description of any pathological conditions which may be present.—*Brit. Med. Jour.*

A RARE FORM OF URTICARIA.

Mr. Daniel Iles (Fairford, Glos.,) writes: Your correspondent "Viator," in the *Brit. Med. Jour.* of August 1st, inquires if any member has met with cases of "urticaria" produced by hairy caterpillars. I have recently had a case under my care in an Eton boy, who had been keeping these long hairy caterpillars, whose face, hands, and arms had been covered with a rash, presumably urticaria, which produced great irritation and a good deal of constitutional disturbance. The left foot also presented an attack of acute erythema, with an unusual amount of swelling and tenderness. The green-house plant *Primula obconica* produces a similar rash, especially in females who tend them.—*Brit. Med. Jour.*

THE MARYLAND MEDICAL JOURNAL.

A Weekly Journal of Medicine and Surgery.

J. EDWIN MICHAEL, M. A., M. D., Editor.

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BALTIMORE, OCTOBER 24, 1891.

Editorial.

A CONTRIBUTION TO THE STUDY OF CHOREA INSANIENS.

As fatal chorea is rare, every contribution to our knowledge of its pathological changes is worthy of record. Various theories have been advanced in regard to the essential nature of the disease:—that it is a purely nervous disorder, originating in the cells of the nerve centres; that it is of rheumatic origin; that it is caused by minute emboli, caught in the finest vessels of the nerve centres, etc. Within the last few years a suspicion has arisen that at least the most violent of the choreic states—the maniacal form, *chorea insaniens,* was due to infection of the body by some invading micro-organism.

In the *Johns Hopkins Hospital Reports,* Vol. 2, No. 6, 1891, Dr. Berkley reports at length a case of this nature, giving both the clinical history, which fixed clearly the diagnosis of the disease, and the post-mortem examination, which was very carefully worked out.

The microscopic study of the nervous centres was the special care of Dr. Berkley. He found in the nervous and connective tissues of the cerebrum no changes of significance; nor was anything of peculiar value found upon careful microscopic study of the cerebro-spinal axis. In the meninges and meningeal vessels of the brain and cord, however, important indications of infection were discovered. These indications consisted in, (1) foci of inflammation between the gyri, at the base, and around the pons; (2) areas of degeneration here and there in the connective tissues of the cord; (3) the infiltration of these spots with dense deposits of small round cells about the vessels, the swelling of the nuclei of the cells of the meningeal and endothelial membranes and the infiltration of these membranes with red leucocytes containing one or more nuclei, and, more rarely, with a corpuscle closely allied to the granular. Moreover, the peculiar endo-

arterial inflammation occurring in so young a subject (27 years), and patchy even in the basilar artery (some of its branches being affected for short distances, some not at all; a few of the arteries of the cephalic meninges being involved, but the vast majority being free from it; the arterioles manifesting its influence only in a more or less pronounced swelling of the endothelium; and the capillaries remaining quite untouched by it), could be caused only by the action of some pathogenic germ or of its soluble chemical products. Accumulations of leucocytes, which were sometimes gathered in dense aggregations within the vessels, and were sometimes found penetrating the vessel walls in numbers, pointed to the same cause; and detritus, seen here and there in the vessels and observed more frequently in the spaces, reminded the observer of the old deposits, once of unknown nature, but now generally conceded to be accumulations of organisms.

Certain other conditions and formations were observed, but as this review deals especially with the marks of infection found in the nervous organs, the reader must be referred for them to the original article or its reprint.

DIRECT GALVANIZATION OF STOMACH IN OBSTINATE GASTRALGIA.

Observing that the method of applying electricity to the inside of the stomach, by means of a large stomach-tube which bore the electric wires, was only possible in the case of patients used to intubation, and very unpleasant even to them, Dr. Einhorn, of New York, invented an electrode which could be easily swallowed. He describes it (*Berlin. Klin. Wochenschrift*, June 8, 1891,) as a hard gum (gutta percha) knob perforated with many openings and enclosing a metal piece which is connected with the poles of the battery by fine wires, running inside of a long rubber tube only one-twenty-fifth of an inch in diameter. The knob is designed to keep the metal piece from touching the stomach walls; the electric current passing to them from the metal piece with sufficient ease through the fluid which is in the stomach. The introduction of the knob into the stomach is simple enough. The patient, best with an empty stomach, drinks one or two glasses of water, and placing the knob far back upon the tongue, swallows it. With another drink of water it goes easily down into the stomach, its arrival there being known by its having drawn about 16 inches of the tube after it (measured from the front teeth). A common electrode is now applied to the epigastrium, and the current is turned on.

The slight obstruction which is encountered at the (pharyngeal?) entrance to the œsophagus when the knob is, at the end of the sitting, withdrawn from the stomach, must not be overcome by force; but the patient should be told to make a swallowing movement, and when the larynx rises for this purpose the knob may be easily drawn into the mouth.

In the *New Yorker Med. Monatsschrift*, Sept. 1891, Dr. Einborn reports at length six cases in which the internal application of the *faradic* current failed to

relieve the pain of gastralgia, but in which the use of the *galvanic* current, in the same way, gave relief. The *negative* electrode was introduced into the stomach in these cases, in order that its stimulating influence might be brought to bear upon this organ, for in most of the cases treated the functions which belong to the stomach were too feebly performed, either from sluggishness of the nerves which control secretion, or from inactivity of those which excite peristalsis. The *positive* electrode was applied to the most sensitive portion of the abdominal surface, in order that its pain-relieving influence might be utilized.

The symptoms in the six cases were so diverse that they cannot be enumerated here. By examination of "test-meals," secured by use of the stomach tube, the amounts of free HCL and pepsin were found to vary greatly. All the cases, however, agreed in one particular;—that there was present severe gastralgia, which could not be relieved by other methods of treatment, including direct faradization of the inner walls of the stomach. The six cases in which the galvanic current wrought a cure included all the cases in which a fair trial was given to it. In two other cases where the faradic current failed, the galvanic was used once, but the patient did not wish to test it further. The strength of current used in the six cases was from 15 to 20 milliampères.

BRONCHOTOMY THROUGH THE CHEST WALLS FOR FOREIGN BODIES IMPACTED IN THE BRONCHUS.

Now that means have been devised by which the surgeon can reach and remove bodies lodged in the bronchi, by incisions through the chest walls, the question arises whether such operations are justifiable or not. An interesting paper upon the subject was read by Dr. Willard at the recent session of the American Surgical Association, and a summary of its statements, with the discussion which arose in the Association, are given in the *Journ. Amer. Med. Asso.*, Oct. 10, 1891.

Dr. Willard's conclusions are as follows:

1. In dogs, the bronchus can be reached either anteriorly or posteriorly through the chest walls, but the anatomical position is in such close proximity to large and important structures, that safe incision is a matter of extreme difficulty and danger.

2. Bronchotomy through the walls of the thorax is an operation attended with great shock from collapse of the lungs, and until the technique is farther advanced, is liable to result in instant death.

3. Collapse of the lung is more serious in a healthy organ than in one physically crippled by disease.

4. The serious inherent difficulties are shock, suffocation from lung collapse, enormous risks of hæmorrhage from pulmonary vessels, injury of or interference with the pneumogastric nerve, great fatal delays, owing to the exaggerated movement of the root of the lung caused by the excessive dyspnœa.

5. Closure of the bronchial slit is slow and dangerous. To leave it open

causes increasing pneumothorax, by its valve action, and also permits the entrance of septic air into the pleural cavity.

6. Although a foreign body can be reached by this route, yet removal is hazardous. To secure a subsequent complete cure seems, in the present state of knowledge, very problematical.

7. When the presence of a foreign body in the bronchus is definitely determined, and primary voluntary expulsion has not been accomplished, there is great danger in permitting it to remain, even though it may but partially obstruct the tube. The risks both of immediate and of subsequent inflammations are serious.

8. Low tracheotomy is then advisable when the presence of a foreign body is certain. It adds but little to the risks, and affords easier escape for the object, even when extraction is not feasible.

9. *Subsequent dangers arise from severe and prolonged instrumentation; not from tracheotomy.*

10. Voluntary expulsion is more probable after than before tracheotomy.

11. Tracheotomy is permissible even after an object has been long in position, unless serious lung changes have resulted.

12. The question of tracheotomy will depend largely upon the form, size and character of the foreign body.

13. The term bronchotomy should be limited to an opening of the bronchus, and should not be employed to designate higher operations.

14. The risks from thoracotomy and bronchotomy following unsuccessful tracheotomy are much greater than the dangers incurred by permitting the foreign body to remain.

In the discussion, Dr. Weist, of Richmond, stated that from a study of 1000 cases of impaction of a foreign body in a bronchus he had decided that the chances of the patient were better without than with bronchotomy. Dr. Weeks, of Portland, thought tracheotomy should be done, so that the foreign body might be gotten out either without or with instruments. Dr. Marsh, of England, believed that tracheotomy should be performed in all these cases, because tracheotomy is comparatively safe; there is always a chance of removal; and the danger while the body remains in the bronchus is extremely great. Dr. Durham, of London, agreed with Dr. Willard that the operation through the chest wall was a dangerous and doubtful procedure. He was satisfied that, when there is clear evidence that a foreign body is impacted in the bronchus, the trachea should be opened low down and efforts should be made to remove the foreign body, or to assist its removal, though this opening. He had had considerable experience in the matter.

Pure chloroform should not be kept in half-filled bottles and exposed to diffused light; it is decomposed readily under these circumstances. Exposed to direct sunlight and free from contact with air (i. e., in full bottles,) it will keep unaltered for years.

Correspondence.

BUREAU OF MEDICAL RELIEF.

Editor of Maryland Medical Journal: Dear Sir: We note through the medium of a newly issued circular, that the "Bureau of Medical Relief," recently disorganized, has been rehabilitated under the title of the "Bureau of Medical, Surgical, and Hygienic Relief," with a new corps of sixteen medical advisers, among whom the former staff is most conspicuous by its total absence.

The persistent attempts to organize a society of this kind in our city, shows that there is something essentially wrong in the status of the medical profession; for no medical man of any self respect, or respect for his profession, could enter such an association without most completely losing both.

But the fault is a deeper and more widespread one than is apparent to the superficial observer, and lies to a large extent in the personal individuality of each member of the profession, restrained, or rather unrestrained, by any law except his own conscience.

Essentially at the very root of the trouble, we may at once say disgrace, lies the indifferent attitude of the medical colleges to the profession. Year by year they graduate men by the hundred, not a few of whom shortly after become irregular practitioners, yet within our recollection no attempt has been made by these graduating institutions to wrest from them their diplomas, under whose protection they are allowed to practice; a disgrace to their Alma Mater, but of which she seems to take no heed.

When a man—or woman, for that matter—receives a diploma from a medical college, he accepts with it, as part and parcel of the same, instructions that are to guide him in his future life as a medical practitioner, and though he may not accept them in words, the receipt of the diploma is an acknowledgment of his acceptance of the said contract; *therefore let the colleges see that their graduates attend to their part of the contract, or if they should fail to do so, let them be sued in a court of the law for breach of contract, and their diplomas, under whose shelter they practice, be taken from them.*

This attitude of the colleges should be a simple duty on their part toward their reputable alumni, who have not only supported them in the past by their presence and money, but will support them now by their countenance.

Among our brother professionals, the attorneys at law, there is an institution called the Bar Association, one of whose functions is to inquire into the professional standing of each of its members; and should they by reason of irregularities in professional ethics come under the ban of its laws, they are promptly disbarred, and no longer permitted to practice within the limits of this city.

Supposing that the colleges have failed in their manifest duty of annulling the diplomas of such gentlemen as may not see fit to comply with their vows on the graduation stage, such an organization extending to all reputable practitioners of medicine, without reference to school, would be a boon of unexampled excellence, and would further as much, if not more, than any legislative measure could do, the progress of a higher medical education; and should the colleges fulfil their part, could materially assist them in their duties.

Very sincerely, 'EION.

The Indians predict an unusually long and cold winter in the West. The fur and nails on rabbit's feet are much longer than usual, and this is regarded as an unfailing token.

Medical Progress.

THE MEDICAL PROFESSION IN THE UNITED STATES.

The *Brit. Med. Jour.* (Sept. 19th, 1891), says: "Abernethy's exclamation on entering his crowded lecture room at the beginning of a session, 'God help you, gentlemen! what is to become of you all?' is well known; and some interesting statistics published by Sir James Paget many years ago furnish what is probably a fairly true, if hardly satisfactory, answer to his predecessor's discouraging question. Though a very considerable proportion of the thousand students whose subsequent career was traced by Sir James were distinct failures, yet the majority of them did manage to make a living of some kind by their profession. In the United States, however, if we are to believe Dr. W. R. Hubbert, the prospects of the majority of those who enter the medical profession are considerably worse than those of their English brethren. He states that he has followed the career of one hundred of his friends, especially in the first five years subsequent to graduation, and he finds that nearly 75 per cent. have had to resort to some other employment to make a living. The following is an analysis of the results of Dr. Hubbert's investigations: Twenty-three received a salary either in addition to practice or separate therefrom; fifteen were proprietors of drug stores; three were insurance agents; four lent money; one sold real estate; three were connected with medical journals; one was an agent for drugs, one for books; one preached; one was in the patent medicine business; two were farmers; one a manufacturer; two gave massage treatment; one sawed wood, and subsequently committed suicide; twelve gave up in disgust, and one never tried practice at all. Twenty-nine graduates only in 100 exclusively devoted themselves to medicine, and of these eleven associated themselves with other practitioners, and in many cases fell heir to their practice. Dr. Hubbert goes on to say that West of the Mississippi 60 per cent. of the whole profession are connected with drug stores, either as clerks or as proprietors, while in the East the proportion of medical men so employed is smaller, being only from 12 to 15 per cent. In the West, moreover, about 40 per cent. of the medical practitioners have an interest in farms. We confess we do not see what harm there can be in a medical man having a share, large or small, in the agricultural interest; but the other figures certainly seem to show that medicine in the United States does not offer a particularly promising career for persons of merely average capacity and without social or professional influence to back them. Probably the real conclusion to be drawn from Dr. Hubbert's statistics is that the profession in the States is grievously overstocked. The proportion of doctors to population there is about 1 to 600. and it follows, by an inexorable economic law, that something like one-half of them must fail to find any opportunity of labouring in their vocation, and if they are to escape starvation must seek some other means of making a livelihood."

THE CONDITION AND PROSPECTS OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, AND ITS INDEX-CATALOGUE.

Dr. J. S. Billings (*Med. News*; Sept. 26th), contributes a most interesting paper on the above subject, from which the following abstracts are taken: The present condition of the Library is fairly satisfactory. It now contains 102,000 volumes and 152,000 pamphlets, counting as pamphlets all octavos and smaller sizes having less than 100 pages, and all quartos of less than 50 pages. During the last five years, *i. e.* from July 1, 1886, to June 30, 1891, the additions to it

have included 25,237 volumes and 55,900 pamphlets, or an average of 5000 volumes and 11,000 pamphlets yearly. Of this annual increase, about 2000 volumes and 4000 pamphlets have been of new or current literature, and the remainder have been publications of previous years or centuries. About one-fifth of these accessions, of both new and old literature, have been presented; the remainder have been purchased. So far as mere size goes, it is the largest collection of medical literature in the world, and for the last five years has been increasing more rapidly than any other similar library containing 25,000 volumes and upward. It is especially rich in medical periodicals and Transactions of societies, of which classes it now contains about 34,350 volumes. The American, English, French, and German literature, in all branches of medicine, that has appeared during the present century is very fully represented, and over 90 per cent. of all medical literature of the world for the last ten years is in the library. The whole is conveniently arranged in a fire-proof building and is catalogued.

In the United States the proportion of periodical literature to the whole is much greater than it is in other countries—for in 1890 it produced about 250 volumes of medical periodicals, 60 volumes of new medical books, 20 volumes of later editions, and 28 volumes of reprints of English books and Transactions; while France produced about 160 volumes of medical periodicals, 250 volumes of new medical books, 20 volumes of later editions, and 15 volumes of Transactions; Great Britain about 85 volumes of periodicals, 140 new books, 45 volumes of later editions, and 12 volumes of Transactions; and Germany about 175 volumes of medical periodicals, 175 volumes of new books, 80 volumes of later editions, and a dozen volumes of Transactions. All this is exclusive of pamphlets. Of course, quantity in medical literature has no definite relations with quality or value, but I am speaking now merely with reference to the number of separate pieces that are to be obtained catalogued, and cared for, and you will see that, including journals, Transactions, reports, books, pamphlets, reprints, and theses, we shall have at least 6000 new pieces to provide for this year. The indexing of articles in journals and Transactions will in addition involve the writing and classifying of about 25,000 titles.

The twelve volumes of the *Index-Catalogue* already printed contain 137,578 author-titles covering 66,855 volumes and 120,000 pamphlets, 522,092 subject-titles covering 128,284 titles of books and pamphlets, and 393,808 articles in journals and Transactions. The titles of articles in journals and Transactions are printed only under subject-headings, those of books and separately-paged pamphlets and reprints are printed twice—once under the name of the author and once under the name of the subject. All the cards for journal articles have been preserved, and when the printing of the *Catalogue* is completed, it is proposed to assort these according to authors, so as to bring under each man's name the title of all the articles he has written that have been indexed.

In conclusion, I may say that the future prospects of the Library are excellent. It is not dependent on the skill or energy or good-will of any one man; it is becoming more and more known to, and more and more used by, the members of the medical profession, and so long as they are interested in it, the necessary appropriations will be made and the skilled force employed to increase, preserve, and catalogue it. The service rendered by a number of those employed in the Library is not a mere matter of money—they are deeply interested in their work and proud of the results, and they can and will carry it on and instruct others who will come after them and do likewise. They have to handle much rubbish, for the proportion of what is both new and true is not much greater in medicine than it is in theology, but in a great national collection this is unavoidable, and the best they

can do is to make a first rough assortment, and then make the whole accessible to those who wish to use it. There is no doubt that the publication of the *Index-Catalogue* will be completed, and that a supplement will speedily follow."

Medical Items.

Lilacin, the new perfume, which is really a definite chemical substance—terpineol—existing in various essential oils, and which possesses the odor of lilacs in a pronounced degree is said to mask the odor of iodoform better than any other substance.

Dr. J. H. Branham, lecturer on obstetrics in the College of Physicians and Surgeons, of this city, has returned from a four months visit to Europe, where he was at work in preparing for his college duties in connection with the chair of obstetrics.

The annual meeting of the Virginia State Medical Society, which recently met in Lynchburg, was one of the most successful reunions in the history of this organization. There was a large membership in attendance and the work done by the Society, both by its members and invited guests, was most creditable. The Society elected Dr. H. Gray Latham, of Lynchburg, its President for the ensuing year, an honor most worthily bestowed upon a most genial and cultured member of the profession. The next meeting will be held in Luray, a most beautiful and delightful locality for a reunion of professional men.

The Mississippi Valley Medical Association held its 17th Annual Session at St. Louis, October 14th, 15th and 16th, 1891, President Dr. C. H. Hughes, of St. Louis, in the chair. The attendance was large, the papers numerous and valuable. Dr. I. N. Love, the incomparable Chairman of the Committee of Arrangements, and his able assistants, deserve unstinted praise for their provision of receptions, rides, dinners, suppers, banquets, fine weather and full moon. Dr. C. A.L. Reed, of Cincinnati, was elected President; Dr. E. S. McKee, Cincinnati, re-elected Secretary; Dr. C. S. Bond, Richmond, Ind., 1st Vice-President; Dr. J. H. Stucky, Louisville, 2nd Vice-President; Dr. Joseph Ransohoff, Cin., Chairman Committee Arrangements. Place of meeting, Cincinnati, Oct., 1892.

A meeting held recently at the Johns Hopkins Hospital was addressed by Mr. Burdett, of London (who inaugurated in 1887 the Royal National Fund for Nurses) with a view to the formation in America of a similar organization. The British organization has been very successful, being supported partly by fees paid nurses, and partly by very large contributions made by wealthy men. The organization which Mr. Burdett desires to establish here is to be open to all sick-nurses who shall have attained to a certain standard (not fixed too high at first). Each member must pay in at least one-eighth of his or her yearly salary. In case of sickness $5.00 a week will be paid out; and a pension of $150 a year will be given after the age of sixty. In case of marriage or death the amount paid in would be returned by the Association.

Committees are to be formed in our large cities to advance the enterprise. A required guarantee fund of $100,000 is said to be promised by a wealthy New York philanthropist. It is proposed to include in the membership nurses in training schools, hospitals and private service; and ward workers and clerks in hospitals and asylums.

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